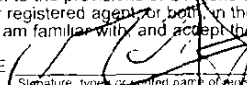


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

004900

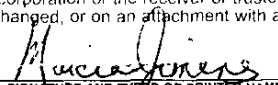
FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90126 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000083284					
1. Corporation Name CHEROKEE EXPRESS, INC.					
Principal Place of Business 445 STATE ROAD 13 N STE 26-450 JACKSONVILLE FL 32250-3838			Mailing Address 445 STATE ROAD 13 N STE 26-450 JACKSONVILLE FL 32250-3838		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1998	
21		26		4. FEI Number 58-2130105	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax ☒ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24	32259-3838	25		29	32259-3838
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
JIMENEZ, MAURICO F 445 STATE ROAD 13 N STE 26-450 JACKSONVILLE FL 32259-3838			81 Name Jimenez Mauricio F.		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL		
			85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE  Mauricio F. Jimenez / Agent 3/16/99 Signature, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
☐ DELETE			☐ Change ☒ Addition		
TITLE			11 TITLE President		
NAME			12 NAME Marcia Jimenez		
STREET ADDRESS			13 STREET ADDRESS 445 State Rd 13 N Ste 26-450		
CITY-ST-ZIP			14 CITY-ST-ZIP Jacksonville, FL 32259-3838		
☐ DELETE			☐ Change ☐ Addition		
TITLE			21 TITLE		
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
☐ DELETE			☐ Change ☐ Addition		
TITLE			31 TITLE		
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
☐ DELETE			☐ Change ☐ Addition		
TITLE			41 TITLE		
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
☐ DELETE			☐ Change ☐ Addition		
TITLE			51 TITLE		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
☐ DELETE			☐ Change ☐ Addition		
TITLE			61 TITLE		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **Marcia Jimenez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/99

Daytime Phone #

904-287-6352

CR2E034 (11/98)