

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 162572

Entity Name: ARMELLINI EXPRESS LINES, INC.**Current Principal Place of Business:**3446 SW ARMELLINI AVE.
PALM CITY, FL 34990**Current Mailing Address:**P.O. BOX 678
PALM CITY, FL 34991**FEI Number:** 23-1615254**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DRURY, JEFFREY B
3446 SW ARMELLINI AVE.
PALM CITY, FL 34990 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JEFFREY B. DRURY

01/17/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, PRESIDENT, DIRECTOR
Name ARMELLINI, DAVID
Address 3446 SW ARMELLINI AVENUE
City-State-Zip: PALM CITY FL 34990

Title V
Name DRURY, JEFFREY B
Address 3446 SW ARMELLINI AVENUE
City-State-Zip: PALM CITY FL 34990

Title D
Name CORCIA, JOHN T
Address 3446 SW ARMELLINI AVENUE
City-State-Zip: PALM CITY FL 34990

Title VD
Name ARMELLINI, SARAH
Address 3446 SW ARMELLINI AVENUE
City-State-Zip: PALM CITY FL 34990

Title VP, DIRECTOR
Name ARMELLINI, RICHARD
Address 3446 SW ARMELLINI AVENUE
City-State-Zip: PALM CITY FL 34990

Title VP
Name ARMELLINI, STEPHEN
Address 3446 SW ARMELLINI AVENUE
City-State-Zip: PALM CITY FL 34990

Title SECRETARY
Name DUSHARM, JUDITH R
Address 3446 SW ARMELLINI AVENUE
City-State-Zip: PALM CITY FL 34990

Title VP
Name BAUER, CARL
Address 3446 SW ARMELLINI AVENUE
City-State-Zip: PALM CITY FL 34990

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDITH DUSHARM

SECRETARY

01/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name JACKSON, JEFFREY
Address 3446 SW ARMELLINI AVENUE
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR
Name SHAFFER, CHARLES M
Address 3446 SW ARMELLINI AVE.
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR
Name WELBORN, W. MILLER
Address 3446 SW ARMELLINI AVENUE
City-State-Zip: PALM CITY FL 34990

Title VP
Name STERLING, MARK
Address 3446 SW ARMELLINI AVE.
City-State-Zip: PALM CITY FL 34990