FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **386939** **(3)**

1. Corporation Name

EXPEDIENT SERVICES, INC.

Principal Place of Business
2459
~~2445~~ CHENEY HWY.
P.O.BOX 5400
TITUSVILLE FL 32783-5400
US

Mailing Address
2459
~~2445~~ CHENEY HWY.
P.O.BOX 5400
TITUSVILLE FL 32783-5400
US

3. Date Incorporated or Qualified: **08/16/1971**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **56-1018404** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

HUGHES, SHERRY
4835 SANTA ROSA AVE
TITUSVILLE FL 32780

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Numbers 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 (Signature of a New or Prior Registered Agent) (Date) (Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HUGHES, HORACE	
STREET ADDRESS	4835 SANTA ROSA AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	STD	☐ DELETE
NAME	HUGHES, SHERRY	
STREET ADDRESS	4835 SANTA ROSA AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	☐ DELETE
NAME	HUGHES, SANDRA	
STREET ADDRESS	1237 EAST LIVINGSTON	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	☐ DELETE
NAME	HUGHES, CARL	
STREET ADDRESS	329 PRITCHARD ST	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VPD	☐ DELETE
NAME	HUGHES, GERALD	
STREET ADDRESS	4373 LONGBOW DR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: HORACE T. HUGHES Horace T. Hughes 3/6/96 407 2073450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)