

\* SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 386939 1. Corporation Name  Expedient Services, Inc			
Principal Place of Business 2459 Cheney Hwy Titusville, FL 32780		Mailing Address P.O. Box 5400 Titusville, FL 32783-5400	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 08-16-71		4. FEI Number 56-1018404	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Hughes, Sherry A. 4835 Santa Rosa Ave Titusville, FL 32780		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number, Not Applicable) 83 City 84 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		D Hughes, Horace 4835 Santa Rosa Ave Titusville, FL	
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD Hughes, Sherry 4835 Santa Rosa Ave Titusville, FL	
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPD Hughes, Sandra 1237 East Livingston Orlando, FL	
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPD Hughes, Carl 5460 Sandra Dr Titusville, FL	
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPD Hughes, Gerald 4373 Long Bow Dr Titusville, FL	
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD Hughes, Janice 5460 Sandra Dr Titusville, FL	
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.			
SIGNATURE: Sherry A. Hughes		8/14/98 407) 267-3450	

CR2E034 (5/98)