

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 31 PM 12:11

**DOCUMENT # 807708 (3)**  
1. Corporation Name  
**BENTON EXPRESS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**1045 S. RIVER IND. BLVD., S.E.  
PO BOX 16709  
ATLANTA GA 30315**

3. Date Incorporated or Qualified **10/02/1948** 3a. Date of Last Report **07/12/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>58-0542111</b>		Applied For Not Applicable	
21	Suite, Apt. #, etc.		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
22	City & State		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
23	Zip		28		Country		8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
24	Country		29		Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MATTHEWS, H.R. 16 SUNSET CAY RD. KEY LARGO FL 33037</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHEWS, H. R (CHIP)</b>	1.2 NAME	
STREET ADDRESS	<b>1045 S. RIVER IND. BLVD., SE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHEWS, PATTY B</b>	2.2 NAME	
STREET ADDRESS	<b>1045 S. RIVER IND. BLVD., S.E.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>CD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHEWS, HERBERT R</b>	3.2 NAME	
STREET ADDRESS	<b>1045 S RIVER IND BLVD SE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORDERO, BENNY</b>	4.2 NAME	
STREET ADDRESS	<b>1045 S. RIVER IND. BLVD., S.E.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VAS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUIGLEY, JAMES H</b>	5.2 NAME	
STREET ADDRESS	<b>1045 S. RIVER IND. BLVD., S.E.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>V</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMONDS, DON</b>	6.2 NAME	
STREET ADDRESS	<b>2061 SCL DR.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	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 110.07(3)(a), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed, or on an attachment with an address.

SIGNATURE: **H.R. MATTHEWS** 3/28/95 404-627-7747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR