

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **807708** (3)

1. Corporation Name  
**BENTON EXPRESS, INC.**



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

3. Date Incorporated or Qualified: **10/02/1948**  
3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **58-0542111**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**  
Suite, Apt. #, etc.: **27**

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

City & State: **23**  
City & State: **28**

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

Zip: **24** Country: **25**  
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No **\*THE 4M OPERA TRADING CORP. IS IN**

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

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

**MATTHEWS, H.R.  
16 SUNSET CAY RD.  
KEY LARGO FL 33037**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATTHEWS, H. R (CHIP)	
STREET ADDRESS	1045 S. RIVER IND. BLVD., SE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATTHEWS, PATTY B	
STREET ADDRESS	1045 S. RIVER IND. BLVD., S.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MATTHEWS, HERBERT R	
STREET ADDRESS	1045 S RIVER IND BLVD SE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CORDERO, BENNY	
STREET ADDRESS	1045 S. RIVER IND. BLVD., S.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	QUIGLEY, JAMES H	
STREET ADDRESS	1045 S. RIVER IND. BLVD., S.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAMMONDS, DON	
STREET ADDRESS	2061 SCL DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> 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: \_\_\_\_\_ **4-24-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)