

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001275

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90215 030 ***150.00

DOCUMENT # 807708

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

DO NOT WRITE IN THIS SPACE

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)

3. Date Incorporated or Qualified: 10/02/1948
4. FEI Number: 58-0542111 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: OAKS, SHARON 2061 SCL DR JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD [] DELETE
NAME MATTHEWS, H. R (CHIP)
STREET ADDRESS 1045 S. RIVER IND. BLVD., SE
CITY-ST-ZIP ATLANTA GA
TITLE T [] DELETE
NAME MATTHEWS, PATTY B
STREET ADDRESS 1045 S. RIVER IND. BLVD., S.E.
CITY-ST-ZIP ATLANTA GA
TITLE CD [] DELETE
NAME MATTHEWS, HERBERT R
STREET ADDRESS 1045 S RIVER IND BLVD SE
CITY-ST-ZIP ATLANTA GA
TITLE V [] DELETE
NAME CORDERO, BENNY
STREET ADDRESS 1045 S. RIVER IND. BLVD., S.E.
CITY-ST-ZIP ATLANTA GA
TITLE VAS [] DELETE
NAME QUIGLEY, JAMES H
STREET ADDRESS 1045 S. RIVER IND. BLVD., S.E.
CITY-ST-ZIP ATLANTA GA
TITLE V [] 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 [] 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 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, with all other like empowered.

SIGNATURE: [Signature] 4-29-99 (404) 267-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)