

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F02000003553

1. Entity Name  
APALACHEE EXPRESS COURIER & DELIVERY  
COMPANY



Principal Place of Business  
453 DAVID NEWTON ROAD  
NORMAN PARK, GA 31771

Mailing Address  
P.O. BOX 10356  
TALLAHASSEE, FL 32302

FILED

04 SEP -8 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09082004 No Chg-P CR2E034 (10/03)

MRS

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2478377

Applied For  
Not Applicable

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

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

NEWTON, JEFF  
13157 RINGNECK RD.  
TALLAHASSEE, FL 32312

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	CFO
NAME	NEWTON, LAURA A
STREET ADDRESS	13157 RINGNECK RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	P
NAME	NEWTON, FRANK
STREET ADDRESS	453 DAVID NEWTON ROAD
CITY-ST-ZIP	NORMAN PARK, GA 31771
TITLE	S
NAME	NEWTON, JEANNE
STREET ADDRESS	453 DAVID NEWTON ROAD
CITY-ST-ZIP	NORMAN PARK, GA 31771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200041129732  
09/17/04--01082--006 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frank L. Newton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09109104

Date

844-4700

Daytime Phone #