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

APPROVED AND FILED

95 MAR -3 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001733 (5)

1. Corporation Name
FUEL SOUTH EXPRESS, INC.

Principal Place of Business
P. O. BOX 2149
WAYCROSS GA 31502

Mailing Address
P. O. BOX 2149
WAYCROSS GA 31502

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/30/1993
3a. Date of Last Report: 04/11/1994

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

4. FEI Number: 58-2020677 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURGESS, GRANVILLE
303 CENTRE STREET
STE. 200
FERNANDINA BCH. FL 32034

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	JONES, JAMES C III	12 NAME	
STREET ADDRESS	RT. #2 BOX 300F	13 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA 31501	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JONES, PATRICK	22 NAME	
STREET ADDRESS	1615 SEMINOLE SPRINGS RD.	23 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JONES, J C JR	32 NAME	
STREET ADDRESS	505 BENT TREE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	BLACKSHEAR GA 31516	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	WALKER, JAMES A JR	42 NAME	
STREET ADDRESS	217 RIVER OAKS DR.	43 STREET ADDRESS	
CITY-ST-ZIP	BLACKSHEAR GA 31516	44 CITY-ST-ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	WYSONG, PHIL	52 NAME	
STREET ADDRESS	1304 ST. MARYS DR.	53 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA 31501	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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)(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 X in this

SIGNATURE: Phil Wysong PHIL WYSONG 2/22/95 912-283-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0478478 FP