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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000001733 (5)

FUEL SOUTH EXPRESS, INC.

BURGESS, GRANVILLE **303 CENTRE STREET**

STE. 200

Principal Place of Busi	uss Mailing Address				
P. O. BOX 2149 WAYCROSS GA 31502		P. O. BOX 2149 WAYCROSS GA 31502-2149			
				3. Date Incorporated or Qualified 03/30/1993	3a. Date of Last Report 03/15/1996
2. Principal Place of 8	asiness	2a. Mailing Addr	ess	4. FEI Number	Applied For
21		26		58-2020677	Not Applica
Suite, Apt #, etc		Suite, Apt #,	etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7(p)	Country 30	8. This corporation has liability for Florida Statutes	intangible tar under s. 199.032 Yes 🗹 No
9. Na	ime and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent

FILED Jan 22 1997 8:00am Secretary of State

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Applied For Not Applicable

(96/6)

83 FERNANDINA BCH. FL 32034 City 84 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 typical or once if the circle insterior agent and title c applicable. (NC)*E. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE 1 | TITLE TITLE JONES, JAMES C III NAME 1.2 NAME RT. #2 BOX 300F STREET ADDRESS 1.3 STREET ADDRESS WAYCROSS GA 31501 CITY - ST - 712 1.4 CITY - ST - ZIP DELETE Change Addition HILLE 21 TITLE JONES, PATRICK NAME 2.2 NAME 1615 SEMINOLE SPRINGS RD. 2.3 STREET ADDRESS STREET ADDRESS **WAYCROSS GA** 2. 4 CITY - ST-ZIP CITY ST Addition DELETE 3 1 TITLE THE JONES, J C JR MAME 3.2 NAME 505 BENT TREE RD. STEER LADORESS **3.3 STREET ADDRESS BLACKSHEAR GA 31516** 3.4 CITY-ST-ZIP CITY-ST-2IF Addition DELETE 4.1 THEF Change TITLE WALKER, JAMES A JR 4. 2 NAME NAME 217 RIVER OAKS DR. 4.3 STREET ADDRESS STREET ADDRESS **BLACKSHEAR GA 31516** City - ST- ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE WYSONG, PHIL 5.2 NAME NAME 1304 ST. MARYS DR. 5.3 STREET ADDRESS STREET ADDRESS WAYCROSS GA 31501 5 4 CITY - ST - ZIP City - ST- 7IP DELETE Addition TITLE 61 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

Ri Name

82

Street Address (P.O. Box Number is Not Acceptable)

14. I do noreby certly 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 change

SIGNATURE:

PHIL WYSONG

912-285-4011