

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000001733

Entity Name
FUEL SOUTH EXPRESS, INC.



Principal Place of Business
**2020 HARRIS RD.
WAYCROSS, GA 31502**

Mailing Address
**P. O. BOX 2149
WAYCROSS, GA 31502**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2020677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**1000000203161
01/29/05-80019-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
JONES, PATRICK
1615 SEMINOLE SPRINGS RD
WAYCROSS, GA 31501**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
JONES, PATRICK
1615 SEMINOLE SPRINGS RD.
WAYCROSS, GA**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
JONES, J C JR
505 BENT TREE RD.
BLACKSHEAR, GA 31516**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
WALKER, JAMES A JR
217 RIVER OAKS DR.
BLACKSHEAR, GA 31516**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/05 912-283-1121
Date Daytime Phone #