

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000000441 (3)

1. Corporation Name  
PENSACOLA EXPRESS, INC.



Principal Place of Business

5608 HIGHWAY 17  
HELENA AL 35080

Mailing Address

5608 HIGHWAY 17  
HELENA AL 35080-5007

2. Principal Place of Business

21 6200 NO. 9TH AVE

22 Suite, Apt. #, etc.

23 City & State

PENSACOLA, FL

24 Zip

32504

25 Country

FLORIDA

2a. Mailing Address

26 P.O. Box 110045

27 Suite, Apt. #, etc.

28 City & State

TARRANT TX

29 Zip

75201

30 Country

USA

3. Date Incorporated or Qualified

01/25/1996

3a. Date of Last Report

4. FEI Number

63-1149294

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

COVIN, AUBREY G  
17119 PERDIDO DRIVE A32  
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name Ted Ward  
82 Street Address (P.O. Box Number is Not Acceptable)  
1725 15th AVE ND  
83  
84 City PENSACOLA FL FL 85 Zip Code 32503

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 *Ted Ward*  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STUMAN, JAY	
STREET ADDRESS	5608 HIGHWAY 17	
CITY - ST - ZIP	HELENA AL 35080	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	COVIN, A G	
STREET ADDRESS	17119 PERDIDO DRIVE A32	
CITY - ST - ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COVIN, AUBREY G	
STREET ADDRESS	2313 LONGLEAF WAY	
CITY - ST - ZIP	BIRMINGHAM AL 35243	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COVIN, A.G.	
1.3 STREET ADDRESS	428 LORNA RD	
1.4 CITY - ST - ZIP	BIRMINGHAM AL 35216	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

*A.G. COVIN*  
PRESIDENT

4-23-97 (205) 979-1909

Date Daytime Phone

CR2E034 (9/96)