

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90034 013 \*\*\*150.00

**DOCUMENT # F97000001662**

1. Entity Name  
**MID-SOUTH EXPRESS DELIVERY, INC.**



Principal Place of Business  
**3385 AIRWAYS BLVD SUITE 219  
MEMPHIS, TN 38116**

Mailing Address  
**3385 AIRWAYS BLVD SUITE 219  
MEMPHIS, TN 38116**

24020000



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1342521**

Applied For  
Not Applicable

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

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

**WALTERS, DAVID  
C/O BAX GLOBAL  
6205 JOHNS ROAD, STE #3  
TAMPA, FL 33634**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WALTERS, DAVID A
STREET ADDRESS	8859 CHIMNEYROCK
CITY-ST-ZIP	CORDOVA, TN 38017
TITLE	VP
NAME	WALTERS, JAMES L JR
STREET ADDRESS	5261 MAGNOLIA LANE
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	SD
NAME	WALTERS, LEIGH ANN
STREET ADDRESS	8859 CHIMNEYROCK
CITY-ST-ZIP	CORDOVA, TN 38017
TITLE	TD
NAME	WALTERS, BRENDA
STREET ADDRESS	5261 MAGNOLIA LANE
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** Brenda Walters - Brenda Walters, Treasurer 3-4-04-901-398-1524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #