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Jan 14 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 # **J13825** (1)
1. Corporation Name
ACE FREIGHT SYSTEMS, INC.



Principal Place of Business
**6141 TURKNETT RD.
P O BOX 14472
JACKSONVILLE FL 32244**

Mailing Address
**6141 TURKNETT RD.
P O BOX 14472
JACKSONVILLE FL 32244-3719**

3. Date Incorporated or Qualified **05/12/1986** 3a. Date of Last Report **02/16/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 30 Country

4. FEI Number **59-2673167** 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

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**CAPAN, L. B., JR.
6803 ROMILLY DRIVE
JACKSONVILLE FL 32210**

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 607.0302 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
STREET ADDRESS	NAME	12 NAME	
CITY - ST - ZIP	STREET ADDRESS	13 STREET ADDRESS	
	CITY - ST - ZIP	14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE	Change Addition
STREET ADDRESS	NAME	22 NAME	
CITY - ST - ZIP	STREET ADDRESS	23 STREET ADDRESS	
	CITY - ST - ZIP	24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	Change Addition
STREET ADDRESS	NAME	32 NAME	
CITY - ST - ZIP	STREET ADDRESS	33 STREET ADDRESS	
	CITY - ST - ZIP	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	Change Addition
STREET ADDRESS	NAME	42 NAME	
CITY - ST - ZIP	STREET ADDRESS	43 STREET ADDRESS	
	CITY - ST - ZIP	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	Change Addition
STREET ADDRESS	NAME	52 NAME	
CITY - ST - ZIP	STREET ADDRESS	53 STREET ADDRESS	
	CITY - ST - ZIP	54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	Change Addition
STREET ADDRESS	NAME	62 NAME	
CITY - ST - ZIP	STREET ADDRESS	63 STREET ADDRESS	
	CITY - ST - ZIP	64 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: *L.B. Capan Jr* 1-8-97 904-778-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)