FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS **DOCUMENT # J16856** PIEDMONT EXPRESS OF JACKSONVILLE, FLORIDA, INC. Principal Place of Business Mailing Address 5196 PICKETT DR. 5196 PICKETT DR. JACKSONVILLE FL 32219 JACKSONVILLE FL 32219 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/27/1986 2. Principal Place of Business Mailing Address Applied For 59-2823061 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax 25 Yes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TODD, JOHN DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 2309 PACK ST JACKSONVILLE FL 32204 83 84 City 1. 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. [] DELETE [] Change [_] Addition TITLE 1 TITLE WOOD, HOWARD G. 1.2 NAME NAME CR2E034 300002906983--5 5196 PICKETT DR. STREET ADDRESS 1.3 STREET ADDRESS -06/16/99--01101-<u>-</u>0<u>08</u> JACKSONVILLE FL 14 City-\$1-7P CITY-ST-ZIP ****150.00.0mm**1500A(169 DELETE TITLE 2.1 T(T) P WOOD, JOHN D. NAME 2.2 NAME 5196 PICKETT DR. 2.3 STREET ADDRESS STREET ADORESS JACKSONVILLE FL 2 4 CITY-S1-2IP CITY-ST-ZIP [] DELETE [| Addition 31 THILE TITLE JENKINS, PATRICIA 3.2 NAME NAME 5196 PICKETT DR. 3 3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 34 CITY-ST-ZIP CITY-ST-ZIP □ DELETE [] Addition 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP LIDELETE ☐ Addition [] Change TITLE 5 1 TITLE 5 2 NAME NAME 53 STREET ADDRESS STREET ADORESS 5.4 C/TY-ST-Z/P CITY-ST-ZIP 61 TITLE [] Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-S1-ZIP

14. 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 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 nar ie appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE: