

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$978)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:22

DOCUMENT # J43829

(7)

1. Corporation Name

CHOPPER EXPRESS SOUTH, INC.

Principal Place of Business

% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION FL 33324

Mailing Address

% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1986

3a. Date of Last Report

06/01/1994

4. FEI Number

58-1744041

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Disclosed

☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032

Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. Zip

FL

85. Zip Code

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

Signature (Typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE SD
NAME GARRISON, GEORGE L
STREET ADDRESS 1135 CLIFTON AVENUE
CITY, ST, ZIP CLIFTON NJ

13.

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY, ST, ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/95

C201777-6200

(Signature Fee)

CR2E034 (3/95)