FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J87461** **(6)**

1. Corporation Name
ATLANTIC PACIFIC EXPRESS, INC.

Principal Place of Business	Mailing Address
% THOMAS W. WILSON 16904 SW 17 CIR OCALA FL 34473 US	% THOMAS W. WILSON 16904 SW 17 CIR OCALA FL 34473 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1987
3a. Date of Last Report: 07/21/1994

2. Principal Place of Business — 21: Same
2a. Mailing Address — 26: Same
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2845246 ☐ 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

WILSON, THOMAS W.
16904 SW 17 CIR
OCALA FL 34473

10. Name and Address of New Registered Agent

91 Name: ADRIAN TERRY
92 Street Address (P.O. Box Number is Not Acceptable): 16904 SW 17th CR.
93:
94 City: OCALA FL 95 Zip Code: 34473

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: ADRIAN TERRY — Adrian Terry — 4-21-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	WILSON, ANNA A.	12 NAME		
STREET ADDRESS	16904 SW 17 CIR	13 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	WILSON, THOMAS W.	22 NAME	ADRIAN TERRY	
STREET ADDRESS	16904 SW 17 CIR	23 STREET ADDRESS	16904 SW 17th CR.	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	OCALA FL. 34473	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(k), 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: Anna A. Wilson — V.P. — 4-21-95 — 904-347-0792
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0487443 FP