**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **L66768** **(7)**

1. Corporation Name

**FLORIDA EXPRESS CAR SERVICE, INC.**

Principal Place of Business

C/O MICHAEL J. MCGARRY
5017 SOUTHEAST LISBON CIRCLE
STUART FL 34997

Mailing Address

C/O MICHAEL J. MCGARRY
5017 SOUTHEAST LISBON CIRCLE
STUART FL 34997

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **04/18/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0186190** 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. Is corporation liable for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MCGARRY, MICHAEL J.**
**5017 SE LISBON CIRCLE**
**STUART FL 34997**

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 607.0502 and 607.1608, 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 business entity is aware that the costs, liabilities, and obligations of the registered agent have formerly with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | DP | ☐ DELETE |
| NAME | MCGARRY, MICHAEL J. | |
| STREET ADDRESS | 5017 SE LISBON CIRCLE | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1. TITLE | ☐ Change ☐ Addition |
| 1a. NAME | |
| 1b. STREET ADDRESS | |
| 1c. CITY-ST-ZIP | |
| 2. TITLE | ☐ Change ☐ Addition |
| 2a. NAME | |
| 2b. STREET ADDRESS | |
| 2c. CITY-ST-ZIP | |
| 3. TITLE | ☐ Change ☐ Addition |
| 3a. NAME | |
| 3b. STREET ADDRESS | |
| 3c. CITY-ST-ZIP | |
| 4. TITLE | ☐ Change ☐ Addition |
| 4a. NAME | |
| 4b. STREET ADDRESS | |
| 4c. CITY-ST-ZIP | |
| 5. TITLE | ☐ Change ☐ Addition |
| 5a. NAME | |
| 5b. STREET ADDRESS | |
| 5c. CITY-ST-ZIP | |
| 6. TITLE | ☐ Change ☐ Addition |
| 6a. NAME | |
| 6b. STREET ADDRESS | |
| 6c. CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied herein, to the extent it is required by the corporation statutes, Section 607.0505, 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 added by this document. Florida Statutes.

**SIGNATURE:** M. McGarry 4-15-96 407288-7235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR