## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # L85097** 

(8)

EXPRESS FREIGHT, INC. Principal Place of Business Mailing Address P O BOX 17494 P O BOX 17494 CLEARWATER FL 34622-0494 CLEARWATER FL 34622-0494 HS 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1990 05/01/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 26. 06-1306275 Not Applicable 26 Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAGELS, RICHARD T. 3651 93 AVE N Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 84666- 33782 83 84 City 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 DATE Signative itylicidio: printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change Addition PD DELETE 1 1 TITLE TITLE KAGELS, RICHARD T. 1.2 NAME NAM: 3651 93 AVE N 1.3 STREET ADDRESS STREET ADDRESS PINELLAS PARK FL C-TY - ST - ZIF 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition 4.1 TITLE TIBLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST ZIP DELETE Change Addition 5.1 TITLE THILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY - ST - ZIF ☐ DELETE 61 TITLE Change Addition THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-76 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

SIGNATURE:

appears in Block 12 or Block

13 if changed, or on an attachment with an address

Daytime Phone #

**FILED** 

Apr 22 1997 8:00am

Secretary of State