

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 5:25

DOCUMENT # **M42764**

(4)

1. Corporation Name

EXPRESS ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2576 SHADETREE CT.
KISSIMMEE FL 34744**

Mailing Address

**2576 SHADETREE CT.
KISSIMMEE FL 34744**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

3. Date Incorporated or Qualified

12/05/1986

3a. Date of Last Report

04/22/1994

4. FBI Number

59-3031047

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

**MCCURDY, MICHAEL B.
2576 SHADE TREE CT.
KISSIMMEE FL 32743**

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 607.07001 and 607.1508, Florida Statutes, the above named corporation submits the 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. I am hereby withdrawing and accept the obligations of Section 607.07001, Florida Statutes.

SIGNATURE

(Signature of person authorized to execute this report on behalf of the corporation)

(Signature of Registered Agent or person authorized to execute this report on behalf of the agent)

(Date)

12. OFFICERS AND DIRECTORS

12.1	NAME	DP
12.2	NAME	MCCURDY, MICHAEL B.
12.3	STREET ADDRESS	2576 SHADE TREE CT.
12.4	CITY, ST, ZIP	KISSIMMEE FL
12.5	NAME	SD
12.6	NAME	MCCURDY, SANDRA K.
12.7	STREET ADDRESS	2576 SHADETREE CT
12.8	CITY, ST, ZIP	KISSIMMEE FL
12.9	NAME	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, ST, ZIP	
12.13	NAME	
12.14	NAME	
12.15	STREET ADDRESS	
12.16	CITY, ST, ZIP	
12.17	NAME	
12.18	NAME	
12.19	STREET ADDRESS	
12.20	CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	
13.5	NAME	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	
13.9	NAME	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	NAME	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	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)(a), 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: *Michael B McCurdy* *Michael B M Curdy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

(407) 438/431

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