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 # **M42764** **(4)**

1. Corporation Name

EXPRESS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~2576 SHADETREE CT.~~ ~~KISSIMMEE FL 34744~~ 12395 S ORANGE BLOSSOM TR ORLANDO FL 32837	~~2576 SHADETREE CT.~~ ~~KISSIMMEE FL 34744~~ SAME

3. Date Incorporated or Qualified: 12/05/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 12395 S ORANGE BL TR
Suite, Apt. #, etc.
22: ~~ORLANDO FL~~
City & State
23: ORLANDO FL
Zip
24: 32837
Country
25: ORANGE

2a. Mailing Address
26: 12395 S ORANGE BL. TR.
Suite, Apt. #, etc
27:
City & State
28: ORLANDO FL
Zip
29: 32837
Country
30: ORANGE

4. FEI 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): 8235 W ANNA GAIL LN
83:
84 City: CRYSTAL RIVER FL 85 Zip Code: 34429

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 title, if applicable) (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MCCURDY, MICHAEL B.		1.2 NAME	
STREET ADDRESS	2576 SHADE TREE CT.		1.3 STREET ADDRESS	8235 W ANNA GAIL LN
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	SD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	MCCURDY, SANDRA K.		2.2 NAME	
STREET ADDRESS	2576 SHADETREE CT		2.3 STREET ADDRESS	8235 W ANNA GAIL LN
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael B McCurdy Michael B McCurdy 6-17-96 407 433 1431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #