

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90035 046 \*\*\*150.00

**DOCUMENT # P00000110963**

1. Entity Name  
**FLORIDA EXPRESS LOGISTICS, INC.**



**44031949**



04152004 Chg-P CR2E034 (10/03)

Principal Place of Business  
**12735 GREEN BAY PARKWAY WEST  
BUILDING 200, SUITE 201  
JACKSONVILLE, FL 32258**

Mailing Address  
**12735 GREEN BAY PARKWAY WEST  
BUILDING 200, SUITE 201  
JACKSONVILLE, FL 32258**

2. Principal Place of Business  
**One Malaga Street**

3. Mailing Address  
**One Malaga Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**St. Augustine, FL**

City & State  
**St. Augustine, FL**

4. FEI Number  
**59-3688069**

Applied For  
Not Applicable

Zip  
**32084**

Country  
**St. Johns**

Zip  
**32084**

Country  
**St. Johns**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EDDINS, HEIDI J  
ONE MALAGA ST.  
ST. AUGUSTINE, FL 32084**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C/D  
**ANESTIS, R W  
ONE MALAGA STREET  
ST. AUGUSTINE, FL 32084** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
**John C. Lucas  
One Malaga Street  
St. Augustine, FL 32084** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
**MCPHERSON, JOHN D  
ONE MALAGA STREET  
SAINT AUGUSTINE, FL 32084** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GM  
**Christopher C. Sieburg  
One Malaga Street  
St. Augustine, FL 32084** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/D  
**EDDINS, HEIDI J  
ONE MALAGA STREET  
SAINT AUGUSTINE, FL 32084** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
**Heidi J. Eddins  
One Malaga Street  
St. Augustine, FL 32084** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
**SMITH, R G  
ONE MALAGA STREET  
SAINT AUGUSTINE, FL 32084** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
**Marlene Hammock  
One Malaga Street  
St. Augustine, FL 32084** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
**LEHAN, BRADLEY D  
ONE MALAGA STREET  
SAINT AUGUSTINE, FL 32084** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
**STARLING, CHERYL A  
ONE MALAGA STREET  
SAINT AUGUSTINE, FL 32084** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Heidi J. Eddins **Heidi J. Eddins** **4/15/04** **904-826-2398**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #