

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P26782 (3)

1. Corporation Name

POWER EXPRESS, INC.

Principal Place of Business

**2101 N WILLOW AVE.
BROKEN ARROW OK 74012
US**

Mailing Address

**PO BOX 470408
TULSA OK 74147-0408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/07/1989** 3a. Date of Last Report **03/10/1994**

4. FEI Number **35-1562476** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CALVERT, JACK
PROFESSIONAL ADJUSTERS, INC.
1410 BIRD
MIAMI FL 33146**

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 607.1506, 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 the if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **STANDEFORD, O.G.**
STREET ADDRESS **7629-B E. 46TH PLACE**
CITY- ST- ZIP **TULSA OK**

TITLE **SVD**
NAME **BUSCH, BRIAN R., SR.**
STREET ADDRESS **1120 E. U.S.20**
CITY- ST- ZIP **PORTER IN**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Dipboye, Ralph**
1.3 STREET ADDRESS **8613 S. Pittsburgh**
1.4 CITY- ST- ZIP **Tulsa, OK 74014**

2.1 TITLE **Vice President/Secretary** ☐ Change ☒ Addition
2.2 NAME **Rayl, Rodney**
2.3 STREET ADDRESS **11226 S. Kingston**
2.4 CITY- ST- ZIP **Tulsa, OK 74137**

3.1 TITLE **CEO/Treasurer** ☒ Change ☐ Addition
3.2 NAME **Brian R. Busch, Sr**
3.3 STREET ADDRESS **328 E. 1200 N.**
3.4 CITY- ST- ZIP **Chesteron, IN 46304**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Brian R. Busch Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

DATE

SIGNATURE PREPARED