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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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DOCUMENT # P26782	2 (3)			
POWER EXPRESS, INC.				
Principal Place of Business	Mailing Address		1	A 118t âtăti didii diali didii giali esem ibar
2101 N WILLOW AVE. BROKEN ARROW OK 74012 US	PO BOX 470408 TULSA OK 74147-040	16		
00			3. Date Incorporated or Qualified 11/07/1989	3a. Date of Last Report 05/01/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		35-1562476	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	
9. Name and Address of Current F		1901	10. Name and Address of New R	egistered Agent
		81 Name		
CALVERT, JACK		82 Street Add	lress (P.O. Box Number is Not Acceptab	e)
PROFESSIONAL ADJUSTERS, INC. 1410 BIRD		83		
MIAMI FL 33146				85 Zip Code
		84 City		FL 85 Zip Code
or registered agent, or both, in the State of Florida. familiar with, and accept the obligations of, Section SIGNATURE Signature	n 607.0505, Florida Statutes	red by the corporation's Doa S. OTE: Registered Agent signature require		
12. OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE P	☐ DELETE	1. 1 TITLE		CERS AND DIRECTORS IN 12 Change Addition
NAME DIPBOYE, RALPH		1.2 NAME		[5
STREET ADDRESS 8613 S PITTSBURG		1.3 STREET ADDRESS		įž
CITY-ST-ZIP TULSA OK		1.4 CITY - ST - ZIP		Change Addition
THLE CEOT	☐ DELETE	2 11/ILE		[] Change [] Adomon
NAME BUSCH, BRIAN R., SR. STREET ADDRESS 328 E 1200 N		2 2 NAME		
CHECTEDTON IN		2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	.:	
TITLE VPS	() DELETE	3 1 TITLE		Change Addition
NAME RAYL, RODNEY	_	3.2 NAME		
STREET ADDRESS 11226 S KINGSTON				i
CITY-ST-ZIP TULSA OK		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
TITLE	DELETE			Change Addition
	☐ DELETE	3.4 CITY - ST - ZIP		Change Addition
TITLE	☐ DELETE	3.4 CITY-ST-ZIP 4. 1 TITLE		Change Addition
TITLE NAME		3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		
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certify triat 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 chapted, or on an affectment with an address. RALIH L. DIPOSE VMAL96 918-1541795

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SIGNATURE: _