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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000014161

CITY-ST-ZIP

BILMAR EXPRESS, INC.

Principal Place of Business		Mailing Address		A LORAIDON TAB LETON TATAL ORDIN EDIAL ORDIN ELEN TARAK ELEN LABOR OLDER 1401 1901			
P.O. BOX 1616		P O BOX 1616					
	FFKEE FL 33538	LAKE PANASOFFKEE FL 33	538		•		
US		US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					02/25/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26		65-0411872	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			·	\$8.75	Additional
22	•	27			5. Certifcate of Status Desired		equired
City & Stat	le .	City & State			6. Election Campaign Financing	. \$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,			10 : 000
} 1	25	— ·	30		This corporation owes the current year I Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren	<u> </u>	30		10. Name and Address of New Registere		
	g. Name and Address of Correct	it registered Agent	81	Name	ID. Name and Address of New Neglatere	u Agent	
MON	NTGOMERY, MARSHA S		*`	, valino			
	O CR 416 NORTH		82	Street Add	iress (P.O. Box Number is Not Acceptable)		
i		•			12	وي دموند فروده	****
LAN	E PANASOFFKEE FL 33538		83	İ	14. 14. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14		
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			04	City	F		Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose	of changing its	s registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corporati	ion's board of directors. I hereby accept the app	ointment as re	egistered
	iii laililliat witti, and accept the obliga	titions of, Section 607:0303, Fibri	ua Statutes	•			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: I	Registered Ager	nt signature require	ed when reinstating) 43.4 DATE		
	Signature, typed or printed name of registered ager OFFICERS AN			nt signature requin	47,1	ND DIRECTO	ORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: IDD DIRECTORS	13.	nt signature requin	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTO	DRS IN 12
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6.4 CITY-ST-ZIP

14. 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 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 of an attachment of the receiver of the receive

FILED

Feb 17, 1999 8:00am

Secretary of State

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