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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000075931 (4)

1. Corporation Name

EXPRESS CENTER OF BUSCH BOULEVARD, INC.



Principal Place of Business

Mailing Address

5143 E. BUSCH BLVD.
TAMPA FL 33617

5143 E. BUSCH BLVD.
TAMPA FL 33617

3. Date Incorporated or Qualified

10/28/1993

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADLEY, EDWIN J
711 N. FLORIDA AVE.
SUITE 310
TAMPA FL 33602

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 607.1508, 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 filed applica-

(NOTE: Registered Agent Signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DST

☐ DELETE

NAME

BRADLEY, EDWIN J

STREET ADDRESS

711 N. FLORIDA AVE., #310

CITY-ST-ZIP

TAMPA FL 33602

TITLE

DV

☐ DELETE

NAME

T. LAYNE WILLIAMS,

STREET ADDRESS

602 GAY RD.

CITY-ST-ZIP

SEFFNER FL 33584

TITLE

DV

☐ DELETE

NAME

ROSS S. CARTER,

STREET ADDRESS

4010 CEDAR CAY CIRCLE

CITY-ST-ZIP

VALRICO FL 33594

TITLE

DP

☐ DELETE

NAME

MICHAEL R. CARTER,

STREET ADDRESS

602 SPORSTMAN PARK DRIVE

CITY-ST-ZIP

SEFFNER FL 33584

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(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:

Michael R. Carter Michael L. Carter

1-18-96 (813) 989-0059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone

CR2E034 (12/95)