## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086134 (2)

SPRINTER EXPRESS, INC.

ESS, INC.

**FILED** 

May 04 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					, <del> </del>	- 1 100)(QD) 4EN 10100 7EHT 0014	17 <b>4</b> 01481 46001	13311 2101 1001
1070 E. 1000 NORTH FORTVILLE IN 46040-9315		1070 E. 1000 NORTH FORTVILLE IN 46040-9315			DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified 12/10/1993		
2 Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number	<del></del>	Applied For
21	add of Eddinoss	26 P. O. Box 130				59-3213222	<b>⊢</b>	Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.						5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State		City & State  Fortville,	TT 11			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip . 46040 0130	Coul	ntry		8. This corporation owes or has paid the c		permy "
24	25	4604 <del>0</del> -0130	30			Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes	L No
9. Name and Address of Current Registered Agent 0130				81 Name				
PATE, DONALD B 337 E. ROBERTSON STREET								
	NDON FL 33511		<b>82</b> Str		Street Addres	ss (P.O. Box Number is Not Acceptable)		
			Ī	83				
			}	84	City		85 Z	ip Code
					-	F	<u> </u>	`
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 Horida. 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.								g its registered as registered
SIGNATURE								
	Signature, typed or pented name of registered agent OFFICERS AND		Registered	I Agen	it signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12.	PD	DELETE	1,1 10	LE		ADDITIONS/CHANGES TO OFFICE IS AF	Chang	
NAME	LADNYK, WALTER N		1.2 NA					
STREET ADDRESS	1070 E. 1000 NORTH		1.3 ST	REET A	ADDRESS			
CITY-ST-ZIP	FORTVILLE IN 46040-9315		1.4 01	IY-ST	- ZIP			
TITLE	<del>-</del>		2.1 TIT	LE			☐ Chang	ge 🔲 Addition
NAME			2.2 NA	ME				
STREET ADDRESS	1070 E. 1000 NORTH		2.3 \$1	2.3 STREET ADDRESS				
CITY-ST-ZIP	FORTVILLE IN 46040-9315		2. 4 Ci		1 - 7IP			
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NAME			3.2 NA					
STREET ADDRESS					ADDRESS			
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STREET ADDRESS					ADDRESS			
City-St-ZIP			4.4 CH					
TITLE		☐ DELETE	5.1 TITLE			ul .	Chang	ge Addition
NAME			5.2 NA	ME	(	11		
STREET ADDRESS			5381	REFT A	$_{ ext{ADDRESS}} _{ackslash}{\cal C}$	<b>*</b> (		
CITY-ST-ZIP			5.4.00	TY-ST	-ZIP	8000025116	مع:	
TITLE		☐ DELETE	61 TIT	LE	·	8000025115 -05/05/9801116 ***150.00	n Themani	ge 🔲 Addition
NAME			6.2 NA	ME		***150.00	-10	
STREET ADDRESS			6351	REET A	ADDRESS			
CITY-ST-ZIP		A 40 40 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	640	TY-ST		Section 119.07/9)/i) Florida Statutos I furibor	nortile the	the information

I Thereby 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 on an utilizational with an address.