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

DOCII	MENT # DO4000	2011650 (0)		····		
1	MENT # P94000 TEE EXPRESS, INC	0011008 (9)				
						<u> </u>
Principal Plac	ce of Business	Mailing Address				JAR OSAU ORAU POR ORU
820 31ST ST E PALMETTO FL 34221		820 31ST ST E Palmetto FL 34221			DO NOT WRITE IN THIS SPA	ACE
}					3. Date Incorporated or Qualified	
ļ					02/08/1994	
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			NOT APPLICABLE	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the curren	
24	25		30		Personal Property Tax due June 30.	·
141	9. Name and Address of Currer	t Hegistered Agent	81	Name	10. Name and Address of New Registered Ag	ant
WALLACE, MAMIE A						
820 318T ST E PALMETTO FL 34221			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	j
			83			
)			84	City		85 Zip Code
office or r	registered agent, or both, in the State	of Florida. Such change was a	uthorized b	v the corpor	orporation submits this statement for the purpose of chration's board of directors. I hereby accept the appoin	langing its registered Itment as registered
agent. i a	ım fam iliar with, and accept the obligi	alions of, Section 607. <mark>0505,</mark> Flo	rida Statute	ś.		
SIGNATURE	Signature, typed or printed name of registered age	of and trip if applicable (NOTE	Registered Ad	ent signature reg	quired when reinstaling) DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	PD	DELETE				Change Addition
NAME	WALLACE, ELIHU		1.2 NAME			
STREET ADDRESS	820 31ST ST E		4	T ADDRESS		
CITY-ST-ZIP TITLE	PALMETTO FL 34221		1.4 CITY- 2.1 T/TLE	ST-ZIP		Change Addition
NAME	OD WALLACE, MICHAEL D	- -			L) Creatings
STREET ADDRESS	820 31ST ST E		2.2 NAME 2.3 STREE	T ADDRESS		l
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	PALMETTO FL 34221		ST-ZIP	•	
TITLE	STD	DELETE	3.1 TITLE	·		Change Addition
NAME	WALLACE, MAMIE A	•	3.2 NAME			
STREET ADDRESS	820 31ST ST E		3.3 STREE	I ADDRESS		l
CITY-ST-ZIP	PALMETTO FL	₩ nei Fyc	3.4. CITY-	ST-ZIP		A
TITLE	VD	™ DELETE	4.1 TITLE			Change Addition
NAME CONCET ADDRESS	RPE. DAR;EME. W 820 31ST ST E		4.2 NAME			
STREET ADDRESS City-St-Zip	PALMETTO FL		i i	T ADDRESS		
TITLE	VD	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change Addition
NAME	MCKINNEY, BRODERICK K	•	5.2 NAME	i		
STREET ADDRESS	820 31ST ST E		5.3 STREE	r address		
CITY-ST-ZIP	PALMETTO FL 34221 5.4		5.4 CITY-:	51 - ZIP		r
TITLE		☐ DELETE	6.1 TITLE	ļ		Change
NAME			6.2 NAME	ļ		
STREET ADDRESS			6.3 STREE	ADDRESS		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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.

6.4 CITY-ST-ZIP

FILED

May 14 1998 8:00am

Secretary of State