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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000013879 (9)

| | EOPLE EXPRESS, INC. | | | | |
|-------------------------------|--|---------------------|--|---|-------------------------------------|
| Principal Pla | ace of Business | Mailing Address | | | ı sıfaa siddi iblii iddin ikis iqçi |
| 1354 22ND ST | | | | DO NOT WRITE IN TH | HIS SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| | S | | | 02/16/1994 | |
| 2. Principal | Place of Business | 2a. Mailing Address | | 4. FEI Number 65-0475027 | Applied For Not Applicable |
| Suite, Ap | et. #, etc. | Suite, Apt. #, etc. | | 6. Certificate of Status Desired | \$8.75 Additional |
| 22 City & St | ale | City & State | | 6. Election Campaign Financing | Fee Required \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | This corporation owes or has paid the Personal Property Tax due June 30. | current year Intangible |
| | 9. Name and Address of Curr | | 100 | 10. Name and Address of New Register | |
| | ICHARDSON, MARY E | | 81 Name | | |
| | 1354 22ND ST | | | ddress (P.O. Box Number Is Not Acceptable) | |
| 8 | ARASOTA FL 34234 | | 83 | | · |
| | | | 84 City | | 85 Zip Code |
| | | | 1 1 1 | | ▝█▃▕▎▕ |
| office of agent. | - | | | orporation submits this statement for the purpos oration's board of directors. I hereby accept the | |
| <u> </u> | Signature, typed or printed name of registered | | TE: Registered Agent signature re | | |
| 12. | PTD | IND DIRECTORS | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS | Change Addition |
| NAME | RICHARDSON, MARY E | C Sect. | 1.2 NAME | | |
| STREET ADDRESS | 1 .aa | | 1.3 STREET ADDRESS | | · . |
| City-S1-ZiP | SARASOTA FL 34234 | | 1.4 CITY-ST-ZIP | | |
| TITLE | \$D | DELETE | 2.1 TITLE | | Change Addition |
| NAME | RICHARDSON, DOLORES D | | 2.2 NAME | | Į. |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34234 | ☐ DELETE | 2. 4 City-ST-ZIP | | Change Addition |
| TITLE | VD CALVILLO | L DELETE | 3.1 TITLE | | Change Addition |
| NAME | MORGAN, CALVIN D 43 CENTER ST | | 3.2 NAME | | |
| STREET ADDRESS CITY-ST-ZIP | HARTFORD CT 06120 | | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP | | 1 |
| TITLE | , | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | s | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | <u> </u> | | 4.4 CITY - ST - ZIP | | |
| TOTLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | ; | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 1 | | 5.4 CITY-ST-ZIP | | |

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

FILED

Mar 13 1998 8:00am

Secretary of State

14. 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 suppliemental 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 on an attachment with an address.

Change Addition