

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

FILED

Feb 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000016385 (4)**

1. Corporation Name

**T & T EXPRESS PLUS, INC.**

Principal Place of Business

**109 POINTER LANE  
CRESTVIEW FL 32536**

Mailing Address

**109 POINTER LANE  
CRESTVIEW FL 32536-8000**



3. Date Incorporated or Qualified  
**03/02/1994**

3a. Date of Last Report  
**04/16/1996**

4. FEI Number

**59-3225412**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THYSE, ROBERT B  
109 POINTER LANE  
CRESTVIEW FL 32536**

81 Name

**Tom L. Crowe**

82 Street Address (P.O. Box Number is Not Acceptable)

**1455 S. Ferdon Blvd.**

83

84 City

**Crestview**

**FL**

85 Zip Code

**32536**

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

*Tom L. Crowe*

**Tom L. Crowe, Accountant**

**02/19/97**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **THYSE, ROBERT B**  
CITY-ST-ZIP **109 POINTER LANE  
CRESTVIEW FL 32536**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Thyse, Robert B.**  
1.3 STREET ADDRESS **4112-B Mercury Circle SE**  
1.4 CITY-ST-ZIP **Albuquerque, NM 87118**

TITLE ☐ DELETE  
NAME **VSTD**  
STREET ADDRESS **THYSE, DAENG P**  
CITY-ST-ZIP **109 POINTER LANE  
CRESTVIEW FL 32536**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Thyse, Daeng P.**  
2.3 STREET ADDRESS **4112-B Mercury Circle SE**  
2.4 CITY-ST-ZIP **Albuquerque, MN 87118**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:

*Robert B. Thyse* **ROBERT B. THYSE**

DATE

**1-16-97**

Daytime Phone #

0447480

CR2E034 (9/96)