SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000022339 (3)**

1. Corporation Name
EXPRESS INFO, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2834 PONTE VEDRA BEACH FL 32004-2834	P.O. BOX 2834 PONTE VEDRA BEACH FL 32004-2834

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 83 Sea Trout Dr.
22: Suite, Apt. #, etc.
23: City & State: Ponte Vedra Bch, FL
24: Zip: 32082
25: County: St Johns

2a. Mailing Address
26: P.O. Box 51383
27: Suite, Apt. #, etc.
28: City & State: Jacksonville Bch, FL
29: Zip: 32240-1383
30: County: Duval

4. FEI Number: 59-3232846 ☐ 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

9. Name and Address of Current Registered Agent

O'NEILL, KAREN B
1009 21ST STREET NORTH
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City: FL 65 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 _____ DATE
Signature, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when mailing or

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	11 TITLE	PVST	☒ Change ☐ Addition
NAME	NOLAN, JOSEPH E	12 NAME	Nolan, Joseph E.	
STREET ADDRESS	P.O. BOX 2834 N/A	13 STREET ADDRESS	P.O. Box 51383	
CITY ST ZIP	PONTE VEDRA BEACH FL 32004-2834	14 CITY ST ZIP	Jacksonville Bch, Fl 32240-1383	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	NOLAN, JOSEPH E	22 NAME	Nolan, Joseph E.	
STREET ADDRESS	P.O. BOX 2834 N/A	23 STREET ADDRESS	P.O. Box 51383	
CITY ST ZIP	PONTE VEDRA BEACH FL 32004-2834	24 CITY ST ZIP	Jacksonville Bch, Fl 32240-1383	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 added to the report with an addition.

SIGNATURE: Joseph E. Nolan Joseph E. Nolan President 7/6/95 904-246-5676
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OR DIRECTOR) (Date) (Daytime Phone #)

0122370 FP