**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

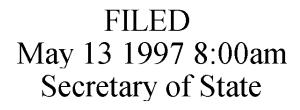
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024153 (6)

TAYLOR MOTOR EXPRESS, INC.

Principal	Place of	Business
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Mailing Address





2288 SLOOP C MIDDLEBURG F			2298 SLOOP CT MIDDLEBURG FL 32068-6	904						
						I -	corporated or Qualified	1	e of Last Ro	porl
	ace of Business		2a, Mailing Address			4. FEI Nu	nber		Apr	olied For
21 Route	2, Box 1	780	Route 2,	Box 1	780	59-3	3235272		Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			E Cortifio	ate of Status Desired		\$8.75 A	
22 Tim F	Rhoden Roa	ıd	27 Tim Rhode	n Roa	d	S. Certific	ale of Status Desired		Fee Rec	şuired .
City & State	9		City & State			6. Election	n Campaign Financing	_	\$5.00	vlay Be
23 Glen	St. Mary,	_FL 3294	68 Glen St.	Mary,	FL	Trust F	und Contribution		Added to	Fees
Zip	Cou	ntry	Zip	Count			rporation has liability for i			199.032,
24 32040			29 32040	[30] U	SA			Yes [		
	<del></del>	iress of Current R	egistered Agent			10. Name	and Address of New Re	gistered A	gent	
	LOR, TOMMY M			8		lor, To	amar M			
	B SLOOP CT			8	2 Street A	Address (P.O. Box	Number is Not Acceptab	olc)		
MIDI	DLEBURG FL 3206	8			Route 2. Box 1780					
I				8	3	•				
				8	<u>Тіл</u> 4 Сіtу_	n Rhoden	Roau		85 Zin G	ode
					$\perp$ G1 $\epsilon$	en St. Ma	nry	FL		64°o
11. Pursuant t	to the provisions of S	ections 607.0502 a	nd 607.1508, Florida Statul Florida: Such chango was prof, Section 607.0505, Fl	es, the abo	vo-named	corporation submi	ts this statement for the p	ourpose of o	changing its	registered
office or re	egistered agent, or b m familiar with, and a	oth, in the State of I	Horida. Such change was no of Section 607 0505. El	authorized l orida Statut	by the corp es	oration's board of	directors. Thereby accep	of the appo	intment as r	egistered
SIGNATURE	Tomm	mTI	al	Presi	dent			04-22		
	Signature, lyped or mill on	ame of registered againt an	i title il applicable (NOI	E: Registered A	gent signature	required when reinstating	))	DATE	. <del></del>	
12.		OFFICERS AND D	RECTORS	13.		ADDITIC	INS/CHANGES TO OFFIC	CERS AND	DIRECTORS	3 IN 12
TITLE	P		☐ DELFTE	1.1 1111.6		P		Į	<b>X</b> hange	Addition
NAME	TAYLOR, TOMM	Y M		1.2 NAM	<u> </u>	Taylor,	Tommy M.			
STREET ADDRESS	2298 SLOOP CO			1.5 STRE	ET ADDRESS		, Box 1780 '			Rd.
CITY-ST-ZIP	MIDDLEBURG FI			1.4 DITY	- \$1 - ZIP	Glen St	. Mary, Flo	rida	32040	
TITLE	V		DELFTE <b>KK</b>	2.1 7111				1	Change	Addition
NAME	TAYLOR, ALICE	Ε		2 P NAM	F					
STREET ADDRESS	15561 BREAM R			2 B STAE	ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE			2 4 CITY	-S1-ZIP		•			
TITLE	ST		DELETE	31 TITLE		ST		I	<b>X X</b> hange	Addition
NAME	TAYLOR, FRANC	ÆS		32 NAM	. 1	Taylor.	Frances M.			
STREET ADDRESS	2298 SLOOP CO				ET ADDRESS	Route 2	Frances M. Box 1780	Tim R	hoden	Rđ.
CITY-ST-ZIP	MIDDLEBURG F				-ST-ZIP	Glen St	. Mary, Flo	rida	32040	
TITLE		<del></del>	DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAM	i				-	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				4.4 CITY	Ī					
TITLE			DELFTE	5.1 TITUS					Change	Addition
NAME				5.2 NAM				•		
STREET ADDRESS					ET ADORESS					
CITY-ST-ZIP			DELETE	5,4 C(1) 6.1 T(1)	- \$1 - 2IP				Change	Addition
			i ordit	1					L) Unkings	
NAME				6.2 NAM						
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				6.4 CITY	-S1 - 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 eath; 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.