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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 9:50

DOCUMENT # **P94000025357 (2)**

1. Corporation Name
FLIGHT EXPRESS SERVICE CORP.

Principal Place of Business	Mailing Address
600 HERNDON AVE ORLANDO FL 32801	600 HERNDON AVE ORLANDO FL 32801 PO Box 1823 Orlando, FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994	3a. Date of Last Report:
4. FEI Number: 59-3239603	☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21: 3614 E Amelia St	26: PO Box 1823
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Orlando, FL	City & State 28: Orlando, FL
Zip 24: 32803 County 25:	Zip 29: 32802 County 30:

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIRCHHHOEFER, JOHN D 600 HERNDON AVE ORLANDO FL 32801	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable): 3614 E Amelia St 83: 84 City: Orlando FL 85 Zip Code: FL 32803

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
(Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KIRCHHOEFER, JOHN D	12 NAME	
STREET ADDRESS	11 S BROWN ST	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32801	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
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 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 above or on an attachment with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
John D. Kirchhoefer

Daytime Phone #

0011404 CP