SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $228 (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

APPROVED AND FILED

95 JUN 29 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000048965 (5)**

1. Corporation Name

MINUTEMAN EXPRESS, INC.

Principal Place of Business	Mailing Address
SECOND STREET BRISTOL FL 32321	SECOND STREET BRISTOL FL 32321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address: MINUTEMAN EXPRESS INC.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc: P.O. BOX 520
23 City & State	28 City & State: BRISTOL FL
24 Zip / 25 County	29 Zip: 32321 / 30 County

4. FEI Number: 59 325 1983 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIMBREL, THOMAS C SECOND STREET BRISTOL FL 32321	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NEW Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT DIRECTOR	11 TITLE	P/D	☐ Change ☐ Addition
NAME	THOMAS C KIMBREL	12 NAME	THOMAS C. KIMBREL	
STREET ADDRESS	SECOND ST P.O. BOX 520	13 STREET ADDRESS	P.O. BOX 520	
CITY ST ZIP	BRISTOL FL 32321	14 CITY ST ZIP	BRISTOL FL 32321	
TITLE	VICE PRESIDENT DIRECTOR	21 TITLE	V/D	☐ Change ☒ Addition
NAME	JOSEPH L KIMBREL	22 NAME	JOSEPH L KIMBREL	
STREET ADDRESS	SECOND ST P.O. BOX 520	23 STREET ADDRESS	P.O. BOX 520	
CITY ST ZIP	BRISTOL FL 32321	24 CITY ST ZIP	BRISTOL FL 32321	
TITLE	SECRETARY TREASURER DIRECTOR	31 TITLE	S/T/D	☐ Change ☒ Addition
NAME	JEWEL D KIMBREL	32 NAME	JEWEL D KIMBREL	
STREET ADDRESS	SECOND ST P.O. BOX 520	33 STREET ADDRESS	P.O. BOX 520	
CITY ST ZIP	BRISTOL FL 32321	34 CITY ST ZIP	BRISTOL, FL 32321	
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/We 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 the 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: _____ THOMAS C KIMBREL PRES. 6-27-95 904 643 2564
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0120032 FP