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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000048965

1. Corporation Name
MINUTEMAN EXPRESS, INC.

Principal Place of Business
SECOND STREET
BRISTOL FL 32321

Mailing Address
MINUTEMAN EXPRESS INC
P O BOX 520
BRISTOL FL 32321
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/30/1994

4. FEI Number

59-3251983

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

KIMBREL, JOSEPH L.
GODWIN RD
ALTHA FL 32421

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME KIMBRELL, THOMAS C
STREET ADDRESS 337 2ND ST
CITY-ST-ZIP BRISTOL FL 32321

TITLE VD
NAME KIMBRELL, JEWEL D
STREET ADDRESS 337 2ND ST
CITY-ST-ZIP BRISTOL FL 32321

TITLE PD
NAME KIMBREL, JOSEPH L
STREET ADDRESS HWY 69 N
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD
1.2 NAME SAMUEL KIMBREL
1.3 STREET ADDRESS 2111 GACHET ST. #101
1.4 CITY-ST-ZIP ORLANDO FL 32807

2.1 TITLE VD
2.2 NAME CYNTHA GOODHOLM
2.3 STREET ADDRESS 12721 NW 202 ST
2.4 CITY-ST-ZIP ALACHUA FL 32615

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

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

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

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

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH KIMBREL 3-28-99

Date

850-674-2575

Daytime Phone #

CR20534 (11/98)