FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JUN 30 AM 9:47

DOCUMENT # P94000063916 (8)

1. Corporation Name
GOOD PRICE EXPRESS, INC.

Principal Place of Business: ~~1031 RESTARRICK LANE DAYTONA BEACH FL 32119~~

Mailing Address: ~~1031 RESTARRICK LANE DAYTONA BEACH FL 32119~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:

4. FEI Number: 59-3264173 — 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

	2. Principal Place of Business		2a. Mailing Address
21	540 TarragonA Way	26	540 Tarragona Way
22	Suite, Apt. # etc	27	Suite, Apt. # etc
23	City & State: Daytona Beach, Fl.	28	City & State: Daytona Beach Fl.
24	Zip: 32114	29	Zip: 32114
25	Country: Volusia	30	Country: Volusia

9. Name and Address of Current Registered Agent

HENRICKSEN, DELORAS
~~2 BROWN BEAR PATH~~
~~ORMOND BEACH FL 32174~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 540 Tarragona Way
83
84 City: Daytona Beach FL 85 Zip Code: 32114

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	HENRICKSEN, DELORAS	1.2 NAME	
STREET ADDRESS	~~2 BROWN BEAR PATH~~	1.3 STREET ADDRESS	540 Tarragona Way
CITY ST ZIP	~~ORMOND BEACH FL 32174~~	1.4 CITY ST ZIP	Daytona Beach, Fl. 32114
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	COSNER, BOYD	2.2 NAME	
STREET ADDRESS	~~2 BROWN BEAR PATH~~	2.3 STREET ADDRESS	540 Tarragona Way
CITY ST ZIP	~~ORMOND BEACH FL 32174~~	2.4 CITY ST ZIP	Daytona Beach, Fl. 32114
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 on an attachment with an address.

SIGNATURE: Deloras Henricksen — Deloras Henroickson 6/26/95 904-258-9807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403133 FP