

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016783 (9)

1. Corporation Name

JOE'S AIR FREIGHT PICKUP AND DELIVERY SERVICES,
INC.



Principal Place of Business

3708 CR 547N
DAVENPORT FL 33837

Mailing Address

3708 CR 547N
DAVENPORT FL 33837

3. Date Incorporated or Qualified
02/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

SCHWEBEL, MARTIN D
337 N. FERNCREEK AVE.
ORLANDO FL 32803

4. FEI Number

59-3300534

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

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 607.1509, 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 of corporation or registered agent, as applicable

Signature of Registered Agent (signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
YATES, JOE E
3708 CR 547N
DAVENPORT FL 33837

□ DELETE

□ DELETE

□ DELETE

□ DELETE

□ DELETE

□ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

V.
MARK S. YATES
3708 C.R. 547 N.
DAVENPORT, FL 33837 (V-PRESIDENT)
T.
JOE E. YATES
3708 C.R. 547 N.
DAVENPORT, FL 33837 (TREASURER/P)
S
MILDRED RAINES
3708 C.R. 547 N.
DAVENPORT, FL 33837 (SECRETARY)
D
BENJAMIN RAINES
481 W. OAK RIDGE AVE
ORLANDO, FL 32824 (DIRECTOR)

□ Change X Addition

□ Change X Addition

□ Change X Addition

□ Change X Addition

□ Change □ Addition

□ Change □ Addition

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)(k), 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:

Joe E. Yates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe E. YATES (PRESIDENT) 2-5-96 941-424-8030

CR2E034 (12/95)