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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000020291 (7)

**DOCUMENT #** 

C. T. H. EXPRESS INC.

<b>V</b> (* )					
Principal Place (2056 NE NE ARCADIA FL	WBERRY DR	Mailing Address 2056 NE NEWBERRY ARCADIA FL 33821	DR		
				3. Date Incorporated or Qualified 03/10/1995	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address 26		65-056214	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country 25	Zip 29	Country 30		es No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New	Registered Agent
			81 Name F	SSIE E. COOF	PER
MARTIN			82 Street Addr	ess (P.O. Box Number is Not Accept 056 NE NEWAE	able)
14 N DESOTO AVE				056 NE NEWBE	RRY DR.
ARCAD	NA FL 33821		83		
			84 City	- 00 / 0	FL 85 Zip Code
	10 007.050	0 - 1 007 4500 Flydd Diet do	AK Abaran pamadaama	CADIA	purpose of changing its registered office
			ed by the corporation's boa	rd of directors. I hereby accept the ap	ppointment as registered agent. I am
familiar wit	h, and accept the obligations of Sec	tion 607.0505, Florida Statutes.	-	PER SEC-TRES	4-19-96
SIGNATURE _	Signature typed or printed name of registered agen	t and the it applicable. (NO	TE: Registered Agent signature require	d when reinstating!	
12.		ID DIRECTORS	13.		FFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
TITLE	PD	DELETE	1. 1 TITLE		☐ Change ☐ Addition 😜
NAME	COOPER, WAYNE R		1.2 NAME		절
STREET ADDRESS	2056 NE NEWBERRY DR		1.3 STREET ADDRESS		ပြည
CITY-ST-ZIP	ARCADIA FL 33821		1.4 CITY-ST-ZIP		
TITLE	STD FOOIS 5	☐ DEFELE	2 1 TITLE		☐ Change ☐ Addition ☐
NAME	COOPER, ESSIE E		2.2 NAME		
STREET ADDRESS	2056 NE NEWBERRY DR		2 3 STREET ADDRESS		
CITY - ST - ZIP	ARCADIA FL 33821	FT) program	2 4 CITY - ST - ZIP		Change Addition
TIFLE		☐ DELETE	3. 1 TITLE		Change C Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE	,		4.2 NAME		
NAME			4 3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5. 1 TITLE		Change Addition
			5.2 NAME		
NAME STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME		<u></u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		1
0011101120	L			A DE LE LE CONTRACTOR A	40 07/0/03 Fladde Otal day I further

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 certify 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: COSCE 6. COOPER 4-19-96 941-494-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Depting Proce |