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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000023940 (6)

1. Corporation Name

YODER'S EXPRESS, INC.



Principal Place of Business

3434 BAHIA VISTA ST.
SARASOTA FL 34239

Mailing Address

3434 BAHIA VISTA ST.
SARASOTA FL 34239

2. Principal Place of Business

2a. Mailing Address

21 6966 BENITA RD. S.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

SARASOTA, FL 34239

29 City & State

24 Zip

25 Country

30 Zip

Country

34239

SARASOTA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMRICH, TODD W
3434 BAHIA VISTA ST.
SARASOTA FL 34239

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, and the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Todd W. Emrich

Signature of Registered Agent (Required for Change of Agent)

Signature of Registered Agent (Required for Change of Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
YODER, AMANDA J
STREET ADDRESS
3434 BAHIA VISTA ST.
CITY-ST-ZIP
SARASOTA FL 34239

TITLE ☐ DELETE

NAME
YODER, ANNA MARIA
STREET ADDRESS
3434 BAHIA VISTA ST.
CITY-ST-ZIP
SARASOTA FL 34239

TITLE ☐ DELETE

NAME
EMRICH, MARY LOU
STREET ADDRESS
3434 BAHIA VISTA ST.
CITY-ST-ZIP
SARASOTA FL 34239

TITLE ☐ DELETE

NAME
EMRICH, TODD W
STREET ADDRESS
3434 BAHIA VISTA ST.
CITY-ST-ZIP
SARASOTA FL 34239

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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)(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:

Todd W. Emrich TODD W. EMRICH

4-30-96 (941) 925-7437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)