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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023940 (6)

YODER'S EXPRESS, INC.

Principal Place of Business Mailing Address 6986 RENEVA RD. S 3434 BAHIA VISTA ST. SARASOTA FL 34239 SARASOTA FL 34738 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0577565 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible V Yes □ Ño Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EMRICH, TODD W 3434 BAHIA VISTA ST. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 83 84 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change NAME YODER, AMANDA J 1.2 NAME STREET ADDRESS 3434 BAHIA VISTA ST. 1.3 STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME YODER, ANNA MARIA 2.2 NAME STREET ADDRESS 3434 BAHIA VISTA ST. 2.3 STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE **EMRICH, MARY LOU** 3.2 NAME

6.4 CITY-ST-ZIP 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

3434 BAHIA VISTA ST.

SARASOTA FL 34239

3434 BAHIA VISTA ST.

SARAȘOTA FL 34239

EMRICH, TODD W

941-925-7437

Change

Change

Change

Addition

Addition

Addition

FILED

Mar 23 1998 8:00am

Secretary of State