FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036669 (6)

RED BARON EXPRESS, INC.

Principal Place of Business

Mailing Address

8488 W. HILLSBOROUGH AVE. STE 224 **TAMPA FL 33615**

8488 W. HILLSBOROUGH AVE. STE 224 TAMPA FL 33615-3808

FILED 97 APR 30 PM 1: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA



					3. Date Incorporated or Qualified 05/05/1995 3s. Date of Last Report 05/05/1996				
2. Principal F	Place of Business	2a. Mailing Addro	es '		4. FEI Number		L	pplied For	
21		26			65-0580752 Not Applicable				
Suite, Apt.		Suite, Apt. #,	etc.		5. Certificate of Status Desired			Additional lequired	
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip [29]	30	intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9, Name and Address of Curr	ent Registered Agent		ļ,		10. Name and Address of New Reg	istered /	\gent	
	Lops, Keith			81	Name				
	5 FLAGSTONE DR.			82 Street Addre		ess (P.O. Box Number is Not Acceptab	e)		····
TAM	IPA FL 33615					os (.s. cox / times to the recojnes	<i>C</i> ,		
				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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, typed or printed transferred agent and talled applicable. (NOTL fregistered Agent signature required when renstating) DATI									
12.		ND DIRECTORS	13.	o Age	ra signature regun	ADDITIONS/CHANGES TO OFFIC	221 115	DIRECTO	DC 181 12
TITLE	PO	DEC	CONTRACTOR OF STATE O	II f	T	ADDITIONS/CHANGES TO OFFIC	LIIO AND	Change	Addition
NAME	GALLOPS, KEITH		1,2 N/					onango	
STREET ADDRESS	8445 FLAGSTONE DRIVE				ADDRESS				
CITY-ST-ZIP	TAMPA FL 33615		1.4 C						
TITLE	VO	DEL			1.511	300002164643-		Addition	
NAME	GALLOPS, DEWEY		2.2 NA					ا جــــا	
STREET ADDRESS	4623 BAYCREST DRIVE		2.3 \$1	REET	ADDRESS			-006	
CITY-ST-ZIP	TAMPA FL 33615			2. 4 CITY - ST - ZIP		****49!	5.00	林林米米]	.65. on
TITLE		ind 🛄		3.1 TOLE				Change	Addition
NAME			3.2 NA	4ME					
STREET ADDRESS			3351	REFT	ADDRESS				
CITY-ST-ZIP			3.4. Ci	11Y-S	it - 7IP				
TITLE	,, ,,, ,,, ,,, ,,, ,,, ,,	□ D[i	ETE 4.1 TO	TLF				Change	Addition
NAME	}		4 2 N	AME					
STREET ADDRESS			4351	'REE1	ADDRESS				
CITY-ST-ZIP			4 4 Ci	1Y-S	T - 74P				
TITLE		☐ DE I	ETÉ 51111	TLF				Change	Addition
NAME			5.2 NA	ME.					
STREET ADDRESS			5.3 \$1	HE F T	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CII	1Y - \$1	1 - ZIF				^ │
TITLE		☐ DE t	ETE 6.1 161	ILF			·	☐ Charge	Addition
NAME			6.2 NA	ME			Ai'	$\backslash A \cap V'$	\
STREET ADDRESS			6.3 \$1	REFT.	ADDRESS		19/	\\\4\	
CITY-ST-ZIP			6.4 CH	TY - S1	I- <i>ZI</i> P		441	/\ /	
14. I do herel	by certify that the information suppl	ied with this filing does n	ot qualify for the	exer	nption stated	in Section 119.07(3)(i), Florida Statutes	I further	cellify that	the

Too nereby certify that the information supplies with this limit does not quarry for the exemption stated in Section 118.07(3)(t), Florida Statutest gringly made under oath; that information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal tylest 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 or an attachment with an address.