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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000051723 (1)**

1. Corporation Name
FLICKINGER EXPRESS, INC.

Principal Place of Business	Mailing Address
RT 2 BOX 231C MAYO FL 32066	RT 2 BOX 231C MAYO FL 32066-9802

3. Date Incorporated or Qualified: **06/29/1995**
3a. Date of Last Report: **03/28/1996**

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: **59-3327502** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 ☒ No

9. Name and Address of Current Registered Agent

FLICKINGER, RICK A
RT 2 BOX 231C
MAYO FL 32066

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 607.1508, 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: (Type or print name of person signing. Signature also required.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLICKINGER, RICK A	1.2 NAME	
STREET ADDRESS	RT 2 BOX 231C	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL	1.4 CITY-ST-ZIP	
TITLE	TP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLICKINGER, ALESIA D	2.2 NAME	
STREET ADDRESS	RT 2 BOX 231C	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL	2.4 CITY-ST-ZIP	
TITLE	VPD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, RANDALL H	3.2 NAME	
STREET ADDRESS	P O BOX 241 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL	3.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, MONICA Y	4.2 NAME	
STREET ADDRESS	P O BOX 241 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: Rick A. Flickinger 2/14/97 904-294-2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICK A. FLICKINGER