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May 13 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 # **P96000003322 (0)**

1. Corporation Name
**TEXAS EXPRESS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2000 MAIN STREET~~<br>~~STE 407~~<br>~~FORT MYERS FL 33901~~ | ~~POST OFFICE BOX 1269~~<br>~~FORT MYERS FL 33902-1269~~ |

3. Date Incorporated or Qualified: 01/10/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 250 N. LEE ST.
Suite, Apt. #, etc. 22:
City & State 23: LA BELLE, FL
Zip 24: 33935 Country 25: HENDRY

2a. Mailing Address
26: P.O. BOX 3015
Suite, Apt. #, etc. 27:
City & State 28: LABELLE, FL
Zip 29: 33975 Country 30: HENDRY

4. FEI Number: [redacted] 65-0631845 ☐ 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

~~GRIFFITH, ALLAN T~~ PAUL ALBERT
~~2000 MAIN STREET~~
~~STE 407~~
~~FORT MYERS FL 33901~~

10. Name and Address of New Registered Agent

81 Name: PAUL ALBERT
82 Street Address (P.O. Box Number is Not Acceptable): (P.O. BOX 3015)
83: 250 N. LEE ST.
84 City: LABELLE FL 85 Zip Code: 33975

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] 5/1/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GRIFFITH, ALLAN T<br>POST OFFICE BOX 1269<br>FORT MYERS FL 33902 ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ALBERT, PAUL ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☒ Addition<br>PD<br>ALBERT, PAUL<br>11896 GRAND ISLES LN<br>FT MYERS FL 33913 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. I do 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:** ✓ [signature] SIGNATURE REQUIRED 5/1/97 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404993