

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90045 030 \*\*\*150.00

DOCUMENT # P96000033562

1. Corporation Name  
KMA EXPRESS, INC.

Principal Place of Business  
7151 LAKE ELLENOR DRIVE  
ORLANDO FL 32809

Mailing Address  
7151 LAKE ELLENOR DRIVE  
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

59-3380378

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

SEGELIN, JUDITH I ESQ.  
34 E PINE ST  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name C T CORP

82 Street Address (P.O. Box Number is Not Acceptable)

1200 So Pine Island Dr

84 City Plantation

FL

85 Zip Code

33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME MESHOVER, STEPHEN  
STREET ADDRESS 8701 KENMURE COVE  
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☐ DELETE  
NAME STEGNER, LOUIS  
STREET ADDRESS 1429 HOVERSHAM DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D ☐ DELETE  
NAME HERSCH, CAREY O  
STREET ADDRESS 7524 SEURAT STREET APT. 307  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME ANDREW WRIGHT  
1.3 STREET ADDRESS FARNHAM TRADING ESTATE  
1.4 CITY-ST-ZIP FARNHAM, SURREY, ENGLAND

2.1 TITLE VP / T / S ☐ Change ☐ Addition  
2.2 NAME BRUCE GRABEN  
2.3 STREET ADDRESS 2201 AGENCY RD  
2.4 CITY-ST-ZIP LEXINGTON, KY 40503

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)