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FILED  
Jun 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000066490 (9)

1. Corporation Name

S & G EXPRESS, INC.



Principal Place of Business

Mailing Address

ONE INDEPENDENT DRIVE  
SUITE 3000  
JACKSONVILLE FL 32201

POST OFFICE BOX 59  
JACKSONVILLE FL 32201

3. Date Incorporated or Qualified

08/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCORMICK, NORMA W  
ONE INDEPENDENT DRIVE  
SUITE 3000  
JACKSONVILLE FL 32201

81 Name  
Georgiette Jamison - Johnson  
82 Street Address (P.O. Box Number is Not Acceptable)  
One Independent Drive  
83 Suite 3000  
84 City  
Jacksonville  
85 Zip Code  
FL 32202

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

Georgiette Jamison - Johnson

6-13-97

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 ☐ DELETE

NAME  
HAROLD A. SHAFER  
STREET ADDRESS  
3517 BEAUCLERC Rd.  
CITY-ST-ZIP  
JAX, FL. 32257

TITLE ☐ DELETE

NAME  
PRESIDENT  
DONALD P. GREENE  
STREET ADDRESS  
5048 HARROW RD.  
CITY-ST-ZIP  
JAX, FL. 32217

TITLE ☐ DELETE

NAME  
CORPORATE SECRETARY  
GINGER GREENE  
STREET ADDRESS  
5048 HARROW RD.  
CITY-ST-ZIP  
JAX, FL. 32217

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

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 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

GINGER GREENE, CORPORATE SEC 5-1-97

904 766 8550

CR2E034 (9/96)