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 #

P96000067151 (6)

XPRS, INC.

Principal Place of Business

Mailing Address

FILED Jun 06 1997 8:00am Secretary of State



9076 ATLANT JACKSONVILL	IC BOULEVARD Le FL 32211	8076 ATLANTIC BOULEVARD JACKSONVILLE FL 32211-8750							
					3. Date incorporated or Qualified 08/08/1996	3a. Da	ate of Last f	Report	}
2. Principal Pi	2. Principal Place of Business 2a. Mailing Address				4. FEI Number		A	pplied For	1
21 9076 ATLANTIC BLUD. 26 B129 FORT CA			CARAL	ine Rn	59-3397765		N	ot Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			W14-2-2		5 Cortificate of Status Docired XI, \$8.75		Additional equired	?	
City & State	ate City & State				6. Election Campaign Financing		\$5.00	May Be	1
23]	·, H 28 JAX, FL. 322°			Trust Fund Contribution			Added to Fees		
Zip	Country Zip C			ry	8. This corporation has liability for intangible tax under s. 199.			s. 199.032.	7
24 322.	77 25 U.S.A.	29 32277	30 4.	S.A.			No		ľ
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered	Agent]
CR	AWFORD, JOHN R		8	1 Name]
KENT, RIDGE & CRAWFORD				2 Street A	ddress (P.O. Box Number is Not Acceptate	do)			1
225 WATER STREET #900 JACKSONVILLE FL			8	Z SHOOLA	ddress (r.o. Box Number is Not Acceptat	ло)			
			8	3				·	1
{			ļ_]
			8	4 City		FL	85 Zip	Code	ı
11. Pursuant I	to the provisions of Sections 607.050	02 and 607.1508. Florida Statute	s, the abo	ve-named c	corporation submits this statement for the t		f changing	its registered	}
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized I	by the corpo	orporation submits this statement for the poration's board of directors, I hereby accept	of the app	ointment as	registered	Ì
i	m familiar with, and accept the oblig	jations of, Section 607,0505, Flo	rida Statut	es.					
SIGNATURE	Signature, lyped or printed name of registered ag-	and title if explanation (MOTE	Rone avoid A	anot signature to	equired when reinstating)	DATE			
12.		ID DIRECTORS	13.	gira digito.sic. t	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	16
TITLE	D	DELETE	1.1 1111,6				Change	Addition	90/6
NAME	SM ALLWOOD, BILL		1.2 NAMI				_ ,	_	_
1 1	8129 FORT CAROLINE ROAD			E1 ADDRESS					F034
CITY-ST-ZIP				ST-ZIP					16
TITLE	D	DELETE	2.1 TITLE				Change	Addition	쁑
NAME	PAYNE, KEITH		2 2 NAMI	ĭ					1
STREET ADDRESS	9076 ATLANTIC BOULEVARD			ET ADDRESS					
CITY-ST-ZIP				- S1 - ZIP		4.3			1
TITLE	D	DELETE	3.1 TITLE			····	Change	Addition	1
NAME	TRUSSELL, TERRY G		3.1 MAM				Onlyinge		
STREET ADDRESS	7902 LOS ROBLES COURT		1	ì					}
1	JACKSONVILLE FL 32256			ET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE				Change	Addition	1
1 1		La pictic	1	1			L Change	LU ROUNDI)	1
NAME			4. 2 NAM	- 1					
STREET ADDRESS				ET ADDRESS					ļ
CITY-ST-ZIP		DELETE	4.4 City				Change	(A.J.10: L.	-
TITLE		☐ DETRIE	5.1 TITLE	- 1			∐ Change	☐ Addilion	
NAME			5.2 NAMI	l l					
STREET ADDRESS				ET ACIDRESS					1
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY					1 1 1 100	1
TITLE		☐ DELETE	6.1 TITLE	Y			Change	Addition Addition	}
NAME			6.2 NAM	1					1
STREET ADDRESS			6.3 STRE	ET ADDRESS					
CITY-ST-ZIP			64 CITY-					· · · · · · · · · · · · · · · · · · ·	
I 14. I do hereb	by certify that the information supplied	ed with this filing does not qualify	v for the ex	emption sta	ited in Section 119.07(3)(i), Florida Statute	s. I further	r certify that	the	1

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 a statachment with an address.