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 # P96000086948 (2)

D.T. EXPRESS, INC.

FILED Jun 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			# 10 01:10 01 10 10 10 10 10 10 10 11 00 11 1 00 11 1 00 11 1 00 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11			
97303 CHANCY RD ZEPHYRHILLS FL 33541		DELLA SALYERS PO BOX 286 ZEPHYRHILLS FL 33539-0286				
· · · · · · · · · · · · · · · · · · ·				3. Date Incorporat 10/21/1996		Date of Last Report
2. Principal Place of Business 21 37303 Chancey Rd.		26 P.O. Box 286.		4. FEI Number 59-3435514	6 20/612	Applied For Not Applicable
	rhills. Florida	Suite, Apt. #, etc.	Florida	5. Certificate of St		\$8.75 Additional Fee Regulred
City & Stat 23	re .	Cily & State		6. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees
. Zip 24 35.5 1		Zip 29 33 5 39	Country 30 Pasco	This corporation Florida Statutes	has liability for intangibl	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Add	ress of New Registered	Agent
	YERS, DELLA		81 Name			
37303 CHANCY RD			82 Street	treet Address (P.O. Box Number is Not Acceptable)		
ZEP	PHYRHILLS FL 33541				to restrictophaticy	
	•		83			
			84 City			85 Zip Code
			- ",		FL	_ '
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above-named	corporation submits this sta	tement for the purpose of	of changing its registered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Statutes.	poration's board of directors	. I nereby accept the ap	pointment as registered
SIGNATURE	Della Salyars					
	Signature, typed or printed name of registered ag		Registered Agent signature		DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHA	NGES TO OFFICERS AN	
TITLE	President	☐ DELETE	1.1 TITLE			☐ Change ☐ Additio
NAME	Della Salyers 37303 Chancey R	1	1.2 NAME			
STREET ADDRESS '	37303 Chancey R	(X.)	1.3 STREET ADDRESS			
CITY-ST-ZIP	Zephynhills FL. 3	3541	1.4 CITY - S1 - ZIP			
TITLE	Secentary	DELETE	2.1 TITLE			Change Addition
NAME	Thomas 50 Lyen	`\$ -	2.2 NAME			
STREET ADDRESS	37303 Chanceye		2.3 STREET ADDRESS			
CITY-ST-ZIP	Rephyrhills, FL	33541	2 4 CiTY-ST-ZIP			
fitte		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE \\		☐ DELETE	5.1 TITLE		7/	☐ Change ☐ Addition
NAME			52 NAME		11	1.12/2
STREET ADDRESS			53 STREET ADDRESS		49) (0/0//90
CATY+ST+ZIP	<u> 450 - 200</u>		5.4 CITY-ST-ZIP			ター(ノーナ
TITUE	£54.	DELETE	61 TITLE			Change Addition
NAME	•	•	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	the same of		
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP	\$165 F	DAWK	

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.