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

DOCUMENT # P97000020085

MAVERICK EXPRESS, INC.

Principal Place of Business

Mailing Address

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90195 050 ***150.00



1104 61ST STREET EAST PALMETTO FL 34221		PALMETTO FL 34221			DO NOT WRITE IN THIS SPACE						
							Date Incorporated or Qualifed 03/04/1997				
2. Principal Place o	of Business	2a. Mai	2a. Mailing Address				FEI Number	l.	Applied For		
a '		26					65-0742473		Not Applicable		
Suite, Apt. #, etc	·	Suit	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional ee Required		
City & State		City	City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	Zip Cou		8. This corporation owes the cur Personal Property Tax.		This corporation owes the current year Personal Property Tax.	Intangible			
	Name and Address of Cu					ed Agent	gent				
J	(, LANDERS, WALTERS			81	Name						
	STREET WEST	u 100cc,,	o country 1 or o			2 Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON FL 34205				83							
				84	City			85	Zip Code		

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 E		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D/P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	Frank Melvin		1.2 NAME					
STREET ADDRESS	4104 61ST STREET EAST		1.3 STREET ADDRESS					
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-ST-ZIP					
TITLE	D/V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	STEVE W SNYDER		2.2 NAME					
STREET ADDRESS	4104 61ST STREET EAST		2.3 STREET ADDRESS					
CITY-ST-ZIP	PALMETTO FL 34221		2. 4 CITY-ST-ZIP					
TITLE	D/T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME	WILLARD R MELVIN		3.2 NAME					
STREET ADDRESS	4104 61ST STREET EAST		3.3 STREET ADDRESS	·				
CITY-ST-ZIP	PALMETTO FL 34221		3.4. CITY-ST-ZIP					
TITLE	D/S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME	Sandra Gail Snyder		4. 2 NAME					
STREET ADDRESS	4104 61ST STREET EAST		4.3 STREET ADDRESS					
CITY-ST-ZIP	PALMETTO FL 34221		4.4 CITY-ST-ZIP					
MILE		☐ DELETE	5.1 TITLE	Change Addition				
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	•				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·				
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP		_	6.4 CITY-ST-ZIP					
14 hereby o	ertify that the information supplied with t	his filing does not qualify for t	he exemption stated i	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.

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR