

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 NOV 18 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052822
1. Corporation Name

SELECT EXPRESS, INC.

Principal Place of Business

Mailing Address

1905 43RD ST. Bldg. A.

TAMPA, FL 33605

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-15-97

4. FEI Number

59 3452622

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1905 43RD ST.

26 SAME

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc.

23 Bldg. A.

28 City & State

24 TAMPA, FL

29 City & State

25 Zip

26 Country

30 Zip

31 Country

27 33605

28 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Richard Semendinger
1905 43RD ST. Bldg A.
Tampa, FL 33605

81 Name

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

000002698110--0

83

-11/30/98--01131--011

84 City

***550.00 ***550.00

FL 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 of registered agent or registered agent in charge (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 D SEMENDINGER, Richard
STREET ADDRESS 1905 43RD ST. Bldg A.
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D MOYER, LARRY
STREET ADDRESS
CITY-ST-ZIP SAME AS ABOVE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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; that 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 for an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD SEMENDINGER 11-4-98 813 2412194

Date

Daytime Phone #

CR2E034 (10/97)