

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700054069 1. Corporation Name

T & W EXPRESS, INC.

Principal Place of Business

110 TYRE RD.

Mailing Address

P.O. BOX 911

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90009 024 ***150.00



HOLLISTER FL 32147	HALLISTER FL 32147		DO NOT WRITE IN THIS SPACE	
		•	3. Date Incorporated or Qualifed 06/18/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
37041 Church Avenue	26 37041 Church	Avenue	59-3455388	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Dade City, FL	City & State 28 Dade City, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33525 25 Pasco		_{intry} Pasco	This corporation owes the current year Personal Property Tax.	☐ Yes ☐ No
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
TYRE, LILLI 110 TYRE RD.		82 Street Addre	arilyn Winslow ess (P.O. Box Number is Not Acceptable) 7041 Church Avenue	
HOLLISTER FL 32147		83	7041 Charon hvenac	
		84 City Da	ade City F	EL 85 Zip Code 3 3 5 2 5
44 Diversions of Continue 607 0502	and 607 1508 Florida Statutes, the a	have-named corno	oration submits this statement for the purpose	e 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12 Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME WINSLOW, MARILYN TYRE, WAYNE NAME 37041 Church Avenue 110 TYRE RD. 1.3 STREET ADDRESS STREET ADDRESS Dade City, FL 33525 **HOLLISTER FL 32147** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TX DELETE 21 TITLE TITLE TYRE, LILLI 22 NAME NAME 110 TYRE RD. 2.3 STREET ADDRESS STREET ADDRESS **HOLLISTER FL 32147** 2. 4 CITY-ST-ZIP CITY-ST-ZIP X Change - ☐ Addition DELETE-DV ~ 3.1 TITLE TITLE HOBSON, MICHELLE B. WINSLOW, MARILYN 3.2 NAME NAME 3246 Ellsworth Street 110 TYRE RD. 3.3 STREET ADDRESS STREET ADDRESS Roanoke, VA 24012 **HOLLISTER FL 32147** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITI E 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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.

SIGNATURE:

ICER OR DIRECTOR

CR2E034 (11/98)