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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000065089 (9) DOCUMENT #

ENGLEWOOD EXPRESS, INC.

Mailing Address Principal Place of Business

FILED May 14 1998 8:00am Secretary of State



1498 #B MCCALL ROAD Englewood FL 34223		1498 #B MCCALL ROAD Englewood FL 34223		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 07/23/1997	0.7102
2. Principal P	lace of Business	28. Mailing Address		 	4, FEI Number	Applied For
21		26		59-2473292	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	е	City & State			Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	гу	B. This corporation owes or has paid the co	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	9, Name and Address of Curre	int Registered Agent	8	1 Name	10. Name and Address of New Negletere	- Ayont
	REEN, JUDITH C		Ľ	THOMAS		
1498 #B MCCALL ROAD			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
EN	GLEWOOD FL 34223		8	3		
			8	4 City	F	85 Zip Code
44 Pureupot	to the provisions of Sections 607.05	02 and 607 1508 Florida Stati	utes the abo	ve-named co		of changing its registered
office or 1	egistered agent, or both, in the Stat	e of Horida, Such change was	s authorized l	by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
	m tamiliar with, and accept the obli	gations of, Section 607.0505, i	florida Statut	es.		
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applicable (NO	Olt Registered A	gent signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PO	DELETE	11 TITLE			☐ Change ☐ Addition
NAME	MIGLIACCIO, SAMUEL		1 2 NAMI			
STREET ADDRESS	PO BOX 1024 N/A		13 STRE	E1 ADDRESS		
CITY-ST-ZIP	BOCA GRANDE FL 33921		1.4 CITY	-S1-ZIP		
TITLE	VO	☐ DÉLETE	21 TITLE		1011	Change Addition
NAME	GREEN, JUDITH C		2.2 NAM	E		
STREET ADDRESS	7090 PARNELL TERR		2.3 STRE	E1 ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34224		2.4 CITY	-ST-ZIP	, face to the second	
TITLE	VO	DELETE	3.1 TITLE			Change Addition
NAME	GREEN, JEFFERY C		3.2 NAM	E		
STREET ADDRESS	7090 PARNELL TERR		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34224		3.4. CITY	-ST-ZIP		
TITLE	STD	DELETE	4.1 TITLE			Change Addition
NAME	GILLAN, BILL		4. 2 NAM	IE [
STREET ADDRESS	222 HARBOR DR		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE FL 33921		4.4 CITY	-ST-ZIP		
71TLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMI	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CHY	- ST- ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME	1		6.2 NAM	ŧ		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY	- ST <i>- Z</i> IP	in Continue 410 07/9/(i) Florido Statutos I further	

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 informatio 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.

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