## 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

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90199 016 \*\*\*158.75

1. Corporation Name	P98000088449	l
EXPRESS FINANCIAL	SERVICES, INC.	

Mailing Address Principal Place of Business 9270 BAY PLAZA BLVD.. #608A 9270 BAY PLAZA BLVD.. #608A TAMPA FL 33619 TAMPA FL 33619 2a. Mailing Address 2. Principal Place of Business 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing ГΊ Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible

	Personal Property Tax.	∐_Yes_	L_INo
	10. Name and Address of New Regist	tered Agent	
÷	81 Name Jerry-Bisset		<u> </u>

3. Date Incorporated or Qualifed

10/15/1998 4. FEI Number 59 ~3537522

ANDERSON, JEREMY 9270 BAY PLAZA BLVD., #608A **TAMPA FL 33619** 

25

Country

9. Name and Address of Current Registered Agent

Zip

24

	Jerry-Bisset	:			_ ~ ~ ~ <u>~</u>
82	Street Address (P.O Box Number is Not Accepta	able)			
83					
84	City Riverview		F <u>L</u>	85	33569

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.

Country

30

agent e	in familiar with and appear the congulation of because of the				4-9-99		
SIGNATURE	Hand Dowet Terry D.B. Signature typed or printed name of registered agent and title if applicable.	NOTE: Registe	Secretar ered Agent signature req		DATE		
12.	OFFICERS AND DIRECTORS	1	3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELE	ETE 1.	1 TITLE		☐ Change	☐ Addition	
NAME	WALKER, ERON V	1.	2 NAME			1	
STREET ADDRESS		1.	3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33615	1,	4 CITY-ST-ZIP				
TITLE	D DELE	ETE 2.	1 TITLE		☐ Change	Addition	
NAME ]	BISSETT, JERRY D	2.	2 NAME				
STREET ADDRESS	4033 WATERCOVE DR.	2.	3 STREET ADDRESS			}	
CITY-ST-ZIP	RIVERVIEW FL 33569	2.	4 CITY-ST-ZIP				
TITLE	D K DELI	ETE 3.	1 TITLE		☐ Change	☐ Addition	
NAME	ANDERSON, JEREMY	3.	2 NAME				
STREET ADDRESS		3.	3 STREET ADDRESS	* · · · · · · · · · · · · · · · · · · ·	- 1		
CITY-ST-ZIP	PÄLM HARBOR FL 34684		4. CITY-ST-ZIP				
TITLE	□ DELI	ETE 4.	3 TITLE		Change	☐ Addition	
NAME		4.	2 NAME				
STREET ADDRESS		4.	3 STREET ADDRESS				
CITY-ST-ZIP			4 CFTY-ST-ZiP				
TITLE	□ DELI	ETE 5.	.1 TITLE		☐ Change	☐ Addition	
NAME			2 NAME				
STREET ADDRESS		1	3 STREET ADDRESS	_		{	
CITY-ST-ZIP			4 CITY-ST-ZIP				
TITLE	DELI	ETE 6.	1 TITLE		Change	☐ Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIF