FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 9:55

DO NOT WRITE IN THIS SPACE.

DOCUMENT # S21125 (7)

1. Corporation Name
SOUTHERN EXPRESS, INC.

Principal Place of Business	Mailing Address
11369-01 TRADE CT. ~~P. O. BOX 24695~~ JACKSONVILLE FL 32241-4695	11369-01 TRADE CT. P. O. BOX 24695 JACKSONVILLE FL 32241-4695

3. Date Incorporated or Qualified: 12/26/1990
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-3041218 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WILBURN, RICHARD DENNIS
10197 CLASSIC OAK RD NO.
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENRY, FRANK M
STREET ADDRESS	11369-01 TRADE CT.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	PLEISCOTT, HAROLD
STREET ADDRESS	11369-01 TRADE CT.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	HAMILTON, THOMAS R.
STREET ADDRESS	11369-01 TRADE CT.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	PHILLIPS, M. W.
STREET ADDRESS	11369-01 TRADE CT.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T
NAME	TAYLOR, DAVID V.
STREET ADDRESS	11369-01 TRADE CT.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: D Taylor Treasurer 3/8/95 334-832-4166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407148 FF