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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

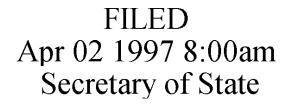
1997

DOCUMENT # S21125

(7)

SOUTHERN EXPRESS, INC.

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Principal Place 11389-01 TRA JACKSONVILL US		Mailing Address 1136901 TRADE CT. P. O. BOX 24895 JACKSONVILLE FL 32241	1695	3. Date Incorporated or Qualified 12/26/1990	3a. Date of L. 03/21/	ast Report
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	1	Applied For
21		26 11369-01 TR	ade Court	59-3041218		Not Applicable
Suite, Apt 4	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	□ \$8.	75 Additional
22		27		V. Certificate of Status Desired	F.	ee Required
City & State	:	City & State	,	6. Election Campaign Financing		.00 May Be
23		28 JACKFONNI 11e. FC		Trust Fund Contribution		ided to Fees
Ζφ 	Country	Zip	Country	8. This corporation has liability for		der s. 199.032,
24 3225	و ا ا ا ا	29 32256 3	0	Florida Statutes 10. Name and Address of New Re	Yes No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	······································	Ristaten Wheiir	
	LBURN, RICHARD DENNIS 197 CLASSIC OAK RD NO.		6	PALLUP, William		
	CKSONVILLE FL 32225		B2 Street Add	ress (P.O/Box Number is Not Acceptat	ole)	
JA.	CKSCHVILLE PL 32223		83	820 Meek DRIVE		
			84 City	Maria Maria	FL 85	Zip Code
	70.00	00 1007 4600 Flacida Can tag	1 JA	KKSUNVILL	FL 5	AZI
office or re	egistered agent, octobrish the 9th	e of florida. Such change was au	thorized by the corpora	tion's board of directors. I hereby accep	of the appointme	int as registered
agent ∔ar	m familiar with a placept the fili	gations of Section 607.0505, Flori	da Statutes.	poration submits this statement for the patients board of directors. I hereby accept	4	0
SIGNATURE	1 January 100	MW/	Registered Agent signature requi	garrah, gent Hanager	5~~~~	-75
12.	Signed are type for proportional or rightly of an	geni ald ottle it applicable. (NOTE I ND DIRECTORS	Т 13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
11"[[D OTTOERS A	DELETE	1.1 MLE	7,001,10(10,0),7,10(10,0)	T Cr	
NAME	HENRY, FRANK M		1.2 NAME			— · · · · · · · · · · · · · · · · · · ·
	11369-01 TRADE CT.		1.3 STREET ADDRESS			
STHEET ADDRESS	JACKSONVILLE FL		1.4 CFTY-\$1-7IP			
CITY-ST ZIF	D	☐ DELETE	2.1 TITLE		☐ Cr	nange Addition
THE	PLEISCOTT, HAROLD		2.1 THEE 2.2 NAME			ange 🖂 neamen
NAM!	11369-01 TRADE CT.					
STRUCT ADDRESS	JACKSONVILLE FL		2.3 STREET ADDRESS			
Caty St Zoe		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Cr	nange Addition
11111	HAMILTON, THOMAS R.	End Decemb	3.1 TITLE 3.2 NAME		0	med (watton
NAME	11369-01 TRADE CT.					
STREET ADDRESS	JACKSONVILLE FL		3.3 STREET ADDRESS			
City-St Zir		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Cr	nange Addition
1 ILF	PHILLIPS, M. W.	☐ percie			L 01	- 40 - 100 (tuti
NAME	11369-01 TRADE CT.		4. 2 NAME			
STREET ACIDRESS	JACKSONVILLE FL		4.3 STREET ADDRESS			
CITY+\$1+Zi2	T	I DELETE	4.4 CITY - ST - ZIP		Ci	nange Addition
III'I	TAYLOR, DAVID V.	DELETE	5 1 TITLE		L. O	iange 🔲 routtun
NAME	11369-01 TRADE CT.		5 2 NAME			
STREET ADDRESS	JACKSONMLLE FL		5.3 STREET ADDRESS			
City-St-ZiF	JACKOCHYILLE FL	T or ere	5 4 CITY-ST-ZIP			namen Addition
11116		☐ DELETE	6 1 TITLE		□ cı	nange Addition
NAVE			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	•		
C TY+ST-ZIP			6.4 CITY-ST-ZIP			

14. Loo 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 12 or Block 12 or on an attack ment with an address.

SIGNATURE

AND TYPE OR PRINTED NAME OF SECUND OFFICER OR DIRECTOR

3/25/97

334 - 832 - 4166