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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S21125 (7)

1. Corporation Name
SOUTHERN EXPRESS, INC.

Principal Place of Business
11369-01 TRADE CT.
JACKSONVILLE FL 32241-4695
US

Mailing Address
11369-01 TRADE CT.
P. O. BOX 24895
JACKSONVILLE FL 32241-4895



3. Date Incorporated or Qualified 12/26/1990
3a. Date of Last Report 03/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 32256

Country

25

2a. Mailing Address

26 11369-01 Trade Center

27 Suite, Apt. #, etc.

28 City & State

29 JACKSONVILLE, FL

Zip

30 32256

Country

30

4. FEI Number

59-3041218

Applied For

Not Applicable

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

81 Name GALLUP, William
82 Street Address (P.O. Box Number is Not Acceptable)
3820 MEER DRIVE
83
84 City JACKSONVILLE FL 85 Zip Code 32277

11. Pursuant to the provisions of Sections 607.0102 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

Signature type for printed name of registered agent and office if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

William Gallup, Gen. Manager

3-27-95

12. OFFICERS AND DIRECTORS

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

SIGNATURE:

William Gallup
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97
Date

334-832-466
Daytime Phone #

CR2E034 (9/96)