

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 345797

Entity Name: HORNERXPRESS-SOUTH FLORIDA, INC.**Current Principal Place of Business:**5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309**Current Mailing Address:**5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309**FEI Number:** 59-1234469**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENT, WILLIAM A
5755 POWERLINE ROAD
FT. LAUDERDALE, FL 33309 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|--------------------------|
| Title | CEO, D |
| Name | KENT, WILLIAM |
| Address | 5755 POWERLINE ROAD |
| City-State-Zip: | FORT LAUDERDALE FL 33309 |

| | |
|-----------------|--------------------------|
| Title | VTSD |
| Name | CHISLING, GARY |
| Address | 5755 POWERLINE ROAD |
| City-State-Zip: | FORT LAUDERDALE FL 33309 |

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|-----------------|--------------------------|
| Title | PD |
| Name | DOOLEY, MICHAEL |
| Address | 5755 POWERLINE ROAD |
| City-State-Zip: | FORT LAUDERDALE FL 33309 |

| | |
|-----------------|--------------------------|
| Title | D |
| Name | KEISER, ARTHUR |
| Address | 1900 W COMMERCIAL BLVD |
| City-State-Zip: | FORT LAUDERDALE FL 33309 |

| | |
|-----------------|------------------------|
| Title | D |
| Name | BARADEL, LESLEY |
| Address | 4715 MILBROOK DRIVE NW |
| City-State-Zip: | ATLANTA GA 30327 |

| | |
|-----------------|--------------------------|
| Title | D |
| Name | WALLICK, GREG |
| Address | 1600 NE 12TH TERRACE |
| City-State-Zip: | FORT LAUDERDALE FL 33305 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY CHISLING

VTSD

02/20/2017

Electronic Signature of Signing Officer/Director Detail_____
Date