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 21 PM 2:42

DOCUMENT # H74076 (1)

1. Corporation Name
GENERAL PARCEL SERVICE, INC.

Principal Place of Business	Mailing Address
8923 WESTERN WAY. #22 JACKSONVILLE FL 32256	8923 WESTERN WAY. #22 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1985
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2576629 ☐ 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

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C.
WALKER & KOEGLER, P.A.
4655 SALISBURY ROAD, STE. 390
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☐ Change ☐ Addition
NAME	T. WAYNE DAVIS	1.2 NAME		
STREET ADDRESS	8923 WESTERN WAY,M STE. 22	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP		
TITLE	PCEO	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, E. HOKE	2.2 NAME		
STREET ADDRESS	8923 WESTERN WAY, STE 22	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP		
TITLE	EVP	3.1 TITLE		☐ Change ☐ Addition
NAME	GAYLE SMITH	3.2 NAME		
STREET ADDRESS	8923 WESTERN WAY, STE. 22	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, GAYLE	4.2 NAME	Steven D. Koegler	
STREET ADDRESS	8923 WESTERN WAY	4.3 STREET ADDRESS	4655 Salisbury Road Suite 390	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville FL 32256	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: [signature] CDO EVP 3-18-95 904 363 0085
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0021100 CP