

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H74076** (1)

1. Corporation Name
GENERAL PARCEL SERVICE, INC.



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

3. Date Incorporated or Qualified: **08/28/1985** 3a. Date of Last Report: **03/21/1995**
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 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 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 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 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 of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	T. WAYNE DAVIS	
STREET ADDRESS	8923 WESTERN WAY, M STE. 22	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	SMITH, E. HOKE	
STREET ADDRESS	8923 WESTERN WAY, STE 22	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	GAYLE SMITH	
STREET ADDRESS	8923 WESTERN WAY, STE. 22	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOEGLER, STEVEN D.	
STREET ADDRESS	4655 SALISBURY RD STE 390	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

VP
WAYNE N. NEUMANS
8923 WESTERN WAY, SUITE 22
JACKSONVILLE, FL 32256

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: *Wayne N. Neumanns*
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WAYNE N. NEUMANS

3-1596 (904)363-0089

CR2E034 (12/95)