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FILED
Jun 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 # 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 32256-8397

3. Date Incorporated or Qualified: 08/28/1985
3a. Date of Last Report: 03/20/1996
4. FEI Number: 59-2576629
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, 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: WAYNE N. NELLUMS
82 Street Address (P.O. Box Number is Not Acceptable): 8923 WESTERN WAY
83 SUITE 22
84 City: JACKSONVILLE FL 85 Zip Code: 32256

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 607.0506, Florida Statutes.

SIGNATURE: [Signature] DATE: 5/23/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PHILIP, A. BELYEW	
2.3 STREET ADDRESS	8923 WESTERN WAY, STE 22	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHARLES M. HIGGINS	
3.3 STREET ADDRESS	8923 WESTERN WAY, STE 22	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE: 4-30-97 TELEPHONE: 904-363-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)