

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90010 042 ***150.00

DOCUMENT # L96080

1. Corporation Name

SERVICE AMERICA COURIER CORP.



Principal Place of Business

**6001 N. ADAMS RD
210
BLOOMFIELD HILLS MI 48304
US**

Mailing Address

**6001 N. ADAMS RD
210
BLOOMFIELD HILLS MI 48304
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1990

4. FEI Number

59-3025309

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6001 N. Adams Road

2a. Mailing Address

26 6001 N. Adams Road

Suite, Apt. #, etc.

22 Suite 203

Suite, Apt. #, etc.

27 Suite 203

City & State

23 Bloomfield Hills, MI

City & State

28 Bloomfield Hills, MI

Zip Country

24 48304 25 Oakland

Zip Country

29 48304 30 Oakland

9. Name and Address of Current Registered Agent

**JACOBS, WILLIAM H.
5002 NASSAU ST
TAMPA FL 33607**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PT
NAME CAMPBELL, RAYMOND R
STREET ADDRESS 4211 BANDURY DRIVE
CITY-ST-ZIP ORION MI**

TITLE ☐ DELETE

**S
NAME LEE, LAUREL A.
STREET ADDRESS 6001 N. ADAMS RD, STE 210
CITY-ST-ZIP BLOOMFIELD HILLS MI**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PT
1.2 NAME Campbell, Raymond R
1.3 STREET ADDRESS 6001 N. Adams Road, Suite 203
1.4 CITY-ST-ZIP Bloomfield Hills, MI 48304**

2.1 TITLE ☒ Change ☐ Addition

**S
2.2 NAME Lee, Laurel A.
2.3 STREET ADDRESS 6001 N. Adams Road, Suite 203
2.4 CITY-ST-ZIP Bloomfield Hills, MI 48304**

3.1 TITLE ☐ Change ☒ Addition

**V
3.2 NAME Renee A. Robertson
3.3 STREET ADDRESS 6001 N. Adams Road, Suite 203
3.4 CITY-ST-ZIP Bloomfield Hills, MI 48304**

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 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, with all other like empowered.

SIGNATURE:

Raymond R Campbell - PRESIDENT 3-19-99 248-205-2240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)