

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

**FILED**

**May 08 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000087836 (7)**

1. Corporation Name  
**GENERAL PARCEL CORPORATION**



Principal Place of Business <b>1910 SAN MARCO BLVD JACKSONVILLE FL 32207</b>	Mailing Address <b>1910 SAN MARCO BLVD JACKSONVILLE FL 32207</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 8923 WESTERN WAY</b> Suite, Apt. #, etc. <b>22 SUITE 22</b> City & State <b>23 JACKSONVILLE, FL</b> Zip <b>24 32256</b>	2a. Mailing Address <b>26 8923 WESTERN WAY</b> Suite, Apt. #, etc. <b>27 SUITE 22</b> City & State <b>28 JACKSONVILLE, FL</b> Zip <b>29 32256</b>	3. Date Incorporated or Qualified <b>10/03/1997</b>	4. FEI Number <b>59-3472488</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Country <b>25 DUVAL</b>	Country <b>30 DUVAL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STANFORD, DOUGLAS G  
50 N LAURA STREET  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> Zip Code

**FL**

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 DOUGLAS G. STANFORD 4/30/98  
Signature, typed or printed name of registered agent and fee, if applicable. (If not Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, T. WAYNE</b>	
STREET ADDRESS	<b>1910 SAN MARCO BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>V/T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>DAVIS, T. WAYNE</b>	
13 STREET ADDRESS	<b>8923 WESTERN WAY SUITE 22</b>	
14 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
21 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>SAFFELL, PAUL K.</b>	
23 STREET ADDRESS	<b>8923 WESTERN WAY SUITE 22</b>	
24 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 registered or licensed professional 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 in an addition, and my address

*Paul K Saffell* *Paul K Saffell* *Director* *4/30/98* *201 212 2000*

CR2E034 (10/97)