

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

FILED
May 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 # P95000040785 (4)

1. Corporation Name
RELiance COURIER SERVICE, INC.



Principal Place of Business
563 NEPONSIT DR.
VENICE FL 34293

Mailing Address
563 NEPONSIT DR.
VENICE FL 34293-1120

2. Principal Place of Business
21 4146 Center Pointe Cir
Suite, Apt. #, etc.
22
City & State
23 Sarasota, FL
Zip
24 34233
Country
25

2a. Mailing Address
26 P.O. Box 250
Suite, Apt. #, etc.
27
City & State
28 Venice, FL
Zip
29 34284
Country
30

3. Date Incorporated or Qualified
05/22/1995

3a. Date of Last Report
08/12/1996

4. FEI Number
-APPLIED FOR 65-0587109

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

9. Name and Address of Current Registered Agent

STARKEY, BARBARA J
563 NEPONSIT DR.
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name
Doris Sullivan

82 Street Address (P.O. Box Number is Not Acceptable)
4146 Center Pointe Cir.

83

84 City
Sarasota FL 85 Zip Code
34233

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 *Doris M Sullivan VP, Secy.*
Signature, typed or printed name of registered agent and title if applicable

4/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input checked="" type="checkbox"/> DELETE
NAME	STARKEY, BARBARA	
STREET ADDRESS	563 NEPONSIT DRIVE	
CITY-ST-ZIP	VENICE FL	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	George Sullivan	
13 STREET ADDRESS	4146 Center Pointe Cir.	
14 CITY-ST-ZIP	Sarasota, FL 34233	
21 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Doris Sullivan	
23 STREET ADDRESS	4146 Center Pointe Cir.	
24 CITY-ST-ZIP	Sarasota, FL 34233	
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 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 *Doris M Sullivan VP, Secy.*

4/22/97 401-1215

CR2E034 (9/96)