

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3: 23

DOCUMENT # **152243** (2)
1. Corporation Name
DISPATCH SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4720 N.W. 20TH STREET **4720 N.W. 20TH STREET**
P.O. BOX 59-2034 **P.O. BOX 59-2034**
MIAMI FL 33159 **MIAMI FL 33159**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/09/1947** 3a. Date of Last Report **07/20/1994**
4. FEI Number **59-0578335** 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 § 199.022, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 registering) DATE

12. OFFICERS AND DIRECTORS
TITLE V
NAME VEDO, W R
STREET ADDRESS 8240 NW 52ND TERR #200
CITY-ST-ZIP MIAMI FL
TITLE D
NAME TEETS, T W
STREET ADDRESS DIAL CORPORATE CENTER
CITY-ST-ZIP PHOENIX AR
TITLE VS
NAME EMERSON, F G
STREET ADDRESS DIAL CORPORATE CENTER
CITY-ST-ZIP PHOENIX AZ
TITLE V
NAME BLAUCH, MAURICE, W, II
STREET ADDRESS 8240 NW 52ND TERR #200
CITY-ST-ZIP MIAMI FL
TITLE PC
NAME RADEMAKER, CHRIS T.
STREET ADDRESS 8240 NW 52ND TERR #200
CITY-ST-ZIP MIAMI FL
TITLE VT
NAME NELSON, RONALD G.
STREET ADDRESS DIAL CORPORATE CENTER
CITY-ST-ZIP PHOENIX AZ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 V Stauffer, Lloyd M. Jr.
5.3 STREET ADDRESS 8240 NW 52nd Terr., #200
5.4 CITY-ST-ZIP Miami, FL 33166
6.1 TITLE Change 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 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: *Lloyd M. Stauffer, Jr.* April 12, 1995 305/599-1600
Lloyd M. Stauffer, Jr., Exec. VP-General Manager