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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # 556807

1. Corporation Name
PARCEL DELIVERY OF TAMPA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2005 43RD ST<br>P O BOX 1985<br>TAMPA, FL 33601 | 2005 43RD ST<br>P O BOX 1985<br>TAMPA, FL 33601 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/77

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

4. FEI Number: ~~59-1791033~~ ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

MCMILLAN, RALPH T
2005 43RD ST
TAMPA, FL 33605

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P/D/S ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCMILLAN, RALPH T | 1.2 NAME | |
| STREET ADDRESS | 2804 PEMBERTON CREEK RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEFFNER, FL 33584 | 1.4 CITY-ST-ZIP | |
| TITLE | V/D ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCMILLAN, N D JR | 2.2 NAME | |
| STREET ADDRESS | ROUTE 3, box 614 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33619 | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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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 report or supplemental 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 added to the report, with an address.

RALPH T MCMILLAN 4/30/98

CR2E034 (10/97)