

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002727 (6)

1. Corporation Name

EXECUTIVE COURIER, INC.



Principal Place of Business

Mailing Address

P. O. BOX 16795
ATLANTA GA 30321

P. O. BOX 16795
ATLANTA GA 30321

3. Date Incorporated or Qualified

05/27/1993

3a. Date of Last Report

05/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

58-1596937

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEY, RICHARD B
3728 PHILLIPS HWY.
JACKSONVILLE FL 32207

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME POPE, CARTER D
STREET ADDRESS 2155 MONROE DR.
CITY-STATE-ZIP ATLANTA GA 30324

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VPCD ☐ DELETE
NAME POPE, MARK C III
STREET ADDRESS 2155 MONROE DR.
CITY-STATE-ZIP ATLANTA GA 30324

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE VCD ☐ DELETE
NAME POPE, MARK C IV
STREET ADDRESS 2155 MONROE DR.
CITY-STATE-ZIP ATLANTA GA 30324

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE VP ☐ DELETE
NAME POPE, MARK C IV
STREET ADDRESS 2155 MONROE DR.
CITY-STATE-ZIP ATLANTA GA 30324

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE VP ☐ DELETE
NAME ADAMS, KENNETH R
STREET ADDRESS 2155 MONROE DR.
CITY-STATE-ZIP ATLANTA GA 30324

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE S ☐ DELETE
NAME HUNNICUTT, DONALD P
STREET ADDRESS 2155 MONROE DR.
CITY-STATE-ZIP ATLANTA GA 30324

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

404-249-9000

Daytime Phone #

CR2E034 (12/95)

PS 3/18/96