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FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002727 (6)

1. Corporation Name

EXECUTIVE COURIER, INC.

Principal Place of Business

P. O. BOX 16795
ATLANTA GA 30321

Mailing Address

P. O. BOX 16795
ATLANTA GA 30321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PO
POPE, CARTER D
2155 MONROE DR.
ATLANTA GA 30324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VPCD
POPE, MARK C III
2155 MONROE DR.
ATLANTA GA 30324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
POPE, MARK C IV
2155 MONROE DR.
ATLANTA GA 30324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
POPE, MARK C IV
2155 MONROE DR.
ATLANTA GA 30324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ADAMS, KENNETH R
2155 MONROE DR.
ATLANTA GA 30324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
MUNNIGUTT, DONALD R
2155 MONROE DR.
ATLANTA GA 30324

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

655 LAMARAT DRIVE
ATLANTA GA 30324

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

655 LAMARAT DRIVE
ATLANTA GA 30324

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 officer or director 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carter D. Pope

3-11-98

404-874-8400

CR2E034 (10/97)