

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

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90039 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F93000002727**

1. Corporation Name  
**EXECUTIVE COURIER, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business P. O. BOX 16795 ATLANTA GA 30321	Mailing Address P. O. BOX 16795 ATLANTA GA 30321
--	--

3. Date Incorporated or Qualified <b>05/27/1993</b>
--

2. Principal Place of Business 21 <b>4594-4 St. Augustine Rd</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>JACKSONVILLE FL</b>	City & State 28
Zip 24 <b>321107</b>	Country 25 <b>USA</b>
29	30

4. FEI Number <b>58-1596937</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>HEY, RICHARD B 3728 PHILLIPS HWY. JACKSONVILLE FL 32207</b>	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	POPE, CARTER D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, CARTER D	1.2 NAME	
STREET ADDRESS	655 LAMBERT DRIVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324	1.4 CITY-ST-ZIP	
TITLE	VPCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, MARK C III	2.2 NAME	
STREET ADDRESS	655 LAMBERT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324	2.4 CITY-ST-ZIP	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, MARK C IV	3.2 NAME	
STREET ADDRESS	655 LAMBERT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, MARK C IV	4.2 NAME	
STREET ADDRESS	655 LAMBERT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, KENNETH R	5.2 NAME	
STREET ADDRESS	655 LAMBERT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: *Carter D. Pope* **CARTER D POPE** 3-29-99 404-874-8400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)