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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J47885 (5)  
1. Corporation Name  
METRO PARCEL SERVICE, INC.



Principal Place of Business  
435 CLARK RD  
SUITE 310  
JACKSONVILLE FL 32218

Mailing Address  
435 CLARK RD  
SUITE 310  
JACKSONVILLE FL 32218-5573

3. Date Incorporated or Qualified  
12/18/1986

3a. Date of Last Report  
09/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2786375	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

SPAULDING, NATHAN  
10610 BOLYARD DR  
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
PT	SPAULDING, NATHAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10610 BOLYARD DR		1.8 STREET ADDRESS	
JACKSONVILLE FL 32218		1.4 CITY-ST-ZIP	
VPS	SPAULDING, KELLY	2.1 TITLE	
10610 BOLYARD DR		2.2 NAME	
JACKSONVILLE FL 32218		2.3 STREET ADDRESS	
D	SUSCE, MIKE	2.4 CITY-ST-ZIP	
311 QUAIL RUN		3.1 TITLE	
WILMORE KY 40390		3.2 NAME	
D	SUSCE, MARGARET T.	3.3 STREET ADDRESS	
311 QUAIL RUN		3.4 CITY-ST-ZIP	
WILMORE KY 40390		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 supplementary 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, unchanged, or on an attachment with an address.

SIGNATURE:

*[Signature]*

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CR2E034 (9/96)