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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K22130**

Corporation Name

SAME DAY DELIVERY, INC.

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90095 048 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
3120 HARDIN C	COMBEE RD.	3120 HARDIN COMBEE RD.						
LAKELAND FL	33801 -	LAKELAND FL 33801						
				<u></u>	DO NOT WRITE IN TH	IS SPACE		
			,	<ol><li>Date Incorpor</li></ol>				
ļ				04/22/198	8			
2. Principal P	lace of Business	2a. Mailing Address_		4. FEI Number		Aı	oplied For	
21 300	21. 1 21 20K 1/1 #K	126 3222 Wint	erlateld.	<i>₩₩</i> ₩ <b>59-28965</b> 1	19	l No	ot Applicable	
Suite, Apt.	# atc	Suite, Apt. #, etc.	<u>a arang</u>				Additional	
$\vdash$	#, G.C.	<del>                                     </del>		5. Certificate of S	Status Desired		equired	
22	<del></del>	City & State					<del></del>	
City & State		City & State		6. Election Cam		•	May Be	
23 LAL	0101161F1	28 () () () ()	<i>P</i>	Trust Fund C			to Fees	
= Zip 220	Gowalin (1)	72072			ion owes the current year.			
24 _000	25 10 K	29 3000 30	HUIR	Personal Pro		Yes	□No	
	9. Name and Address of Current	Registered Agent		10. Name and A	ddress of New Registere	d Agent		
			81 Name	•			}	
	an, stephen a.	82 Street A		Address (D.O. Roy Numb	idress (P.O. Box Number is Not Acceptable)			
	HARDIN COMBEE RD.		<b>3</b>	Addicas (i .o. box Hallis	501 15 1101 1100 ptage 197		}	
LAKE	ELAND FL 33801		83	,,,,,,				
,		•				<del></del>		
•		•	84 City		· F	85 Zip	Code	
	to the provisions of Sections 607.0502	and CO7 1500 Florido Statutos	the above named	corporation submits this	statement for the ourness	of changing its	registered	
office or f	to the provisions of Sections 607.0502 egistered agent, or both in the State of marillar with and secept the obligations.	of Florida. Such change was auth	norized by the corp	oration's board of director	rs. I hereby accept the app	ointment as re	egistered	
		: · · · · · · · · · · · · · · · · · ·					ì	
agent. I a	m familiar way and decept the colligati	ions of, Section 607.0505, Florid	a Statutes.		5/2 1	-	}	
agent. I a	all les			· · · · · · · · · · · · · · · · · · ·	3/21/97			
SIGNATURE	Signature, types of printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	3/21/97 DATE	<del>.</del>		
SIGNATURE	Signature, typesed primed regular of registered agent	t and title if applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	3/21/97 DATE THANGES TO OFFICERS	AND DIRECTO	DRS IN 12	
SIGNATURE	Signature, typesed primad name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	agistered Agent signature 13. 1.1 TITLE	required when reinstating)	3/21/97 DATE	<del>.</del>		
SIGNATURE	Signature, typesed primate regular or registered agent OFFICERS AND D SLOAN, STEPHEN A	t and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	required when reststating) ADDITIONS/C	3/21/97 DATE	AND DIRECTO	DRS IN 12	
SIGNATURE 12. TITLE	Signature, Special primate registered agent OFFICERS AND D SLOAN, STEPHEN A 3130 HARDIN COMBEE RD.	t and title if applicable. (NOTE: Re	agistered Agent signature 13. 1.1 TITLE	required when reststating) ADDITIONS/C	3/21/97 DATE	AND DIRECTO	DRS IN 12	
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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 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 of 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, in the property with an address, with all other like empowered.

SIGNATURE: