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FILED
Mar 20 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 # **K94927** **(6)**

1. Corporation Name
ALL SOUTH DELIVERIES, INC.

Principal Place of Business	Mailing Address
101 LOVEJOY RD P.O. BOX 790 FT. WALTON BEACH FL 32549 US	PO BOX 790 FT. WALTON BEACH FL 32549-0790 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 06/13/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2951634	☐ 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

JENKINS, JAMES C.
101 LOVEJOY RD
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

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 Section 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: DPS	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME: JENKINS, JAMES C.		12 NAME	
STREET ADDRESS: 41 RIDGELAKE DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP: MARY ESTHER FL		14 CITY-ST-ZIP	
TITLE: T	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME: JENKINS, JAMES C.		22 NAME	
STREET ADDRESS: 41 RIDGELAKE DRIVE		23 STREET ADDRESS	
CITY-ST-ZIP: MARY ESTHER FL		24 CITY-ST-ZIP	
TITLE: DV	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME: DAVIS, CHRISTOPHER		32 NAME	
STREET ADDRESS: 330 SAILFISH CIR		33 STREET ADDRESS	
CITY-ST-ZIP: DESTIN FL		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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 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 added in an attachment with an address.

SIGNATURE: Jan C. Jenkins James C Jenkins 3/17/97 (904)244-3462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #