SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Aug 22 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT #** PEOPLES FIRST COURIER, INC. Principal Place of Business Mailing Address 2305 HIGHWAY 77 2305 HIGHWAY 77 PANAMA CITY FL 32405 PANAMA CITY FL 32405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a, Date of Last Report 07/17/1989 4. FE! Number 08/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-2962597 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BARR, JIMMY 2305 HWY. 77 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32405 83 City Zip Code 85 11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition Change TITLE XXXELETE 1.1 TITLE CREAMER, JAMES E JR 1.2 NAME 146 CANDLEWICK CIRCLE STREET ADDRESS 1.3 STREET ADDRESS LYNN HAVEN FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE President/Director Change Addition TITLE 2.1 TITLE **POWELL, RAYMOND** 2.2 NAME 3000 KINGS HARBOR ROAD STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition CHAPMAN, JOSEPH F., III 3.2 NAME 3412 ROBINSON BAYOU CIR STREET ADDRESS 3.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ■ DELETE Change Addition TITLE 4.1 TITLE STEWART, DIANE NAME 4. 2 NAME 218 S. CLAIRE DR. STREET ADDRESS 4.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under I am an officer or director of the conformation or the receiver or truling empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block 13 if c

SIGNATURE:

wal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

August 15, 1997 904-769-5261

FILED