

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

FILED
May 05 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 # L86860

(8)

1. Corporation Name
THE KANGAROO COURIERS, INC.



Principal Place of Business

600 NTHACKER AVE
STE D-33
KISSIMMEE FL 34741
US

Mailing Address

P OBOX 421731
~~600 N THACKER AVENUE~~
KISSIMMEE FL 34742-1731
US

3. Date Incorporated or Qualified

07/09/1990

3a. Date of Last Report

03/20/1996

2. Principal Place of Business

21 13 East Bass st.

Suite, Apt. #, etc.

22 Kissimmee FL

City & State

23

Zip

24 34744

Country

25 Osceola

2a. Mailing Address

26 P.O. Box 421731

Suite, Apt. #, etc.

27

City & State

28 Kissimmee, FL

Zip

29 34744

Country

30 Osceola

4. FEI Number

59-3019519

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

TAGGETT, LAWRENCE O JR
STE D-33
600 N THACKER AVE
KISSIMMEE FL 34741-4885

10. Name and Address of New Registered Agent

01 Name
02 Taggett, Lawrence O. Jr.
03 Street Address (P.O. Box Number is Not Acceptable)
04 13 E. Bass St.
05 Kissimmee, FL
06 City
07 FL
08 Zip Code
09 34741

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME TAGGETT, LAWRENCE O. JR.
STREET ADDRESS 1839 KING EDWARD DR.
CITY- ST- ZIP KISSIMMEE FL 34744

☐ DELETE

TITLE VPSD
NAME TAGGETT, CHRISTINA M
STREET ADDRESS 1839 KING EDWARD DRIVE
CITY- ST- ZIP KISSIMMEE FL 34744

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 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.

SIGNATURE:

Christina M Taggett

Christina M Taggett 4-28-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)