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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

1. Corporation Name  DESPATCH INDUSTRIES, INC.  Principa' Place of Business P.O. BOX 1320  MINNEAPOLIS MN 55440-1320  PROPERTY OF THE PROPERTY							
		U\$			3. Date Incorporated or Qualified		,
2. Principal Place of Business		2a. Mailing Address		12/29/1989 4. FEI Number	05/21/19	Applied For	
21		F1	26		41-0218310	<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc.			5. Certificate of Status Desired	\$8.	75 Additional
22		27			Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
Zip Country		Zip Country			Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199 032,		
24	25	29	30			or intangible tax uni	der s. 199.032,
.491	9. Name and Address of Curre		1901		10. Name and Address of New F	<u> </u>	
CL	ARKE ARNOT % DESPATCH INDI	USTRIES, INC	81	Name			
	7 WEKIVA SPRINGS RD #213		82	Street Add	Iress (P.O. Box Number is Not Accept	able)	
LO	NGWOOD FL 32779				order (1.0. Box Haribor 10 Hot / Resolutio)		
			83				
			84	City		85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above				<del></del>		FL <sup>88</sup>	
office or agent 1	registered agent or both, in the State am familiar with land accept the oblig	e of Horida. Such change wa	is authorized by	he corpora	ation's board of directors. I hereby acc	ept the appointme	nt as registered
SIGNATURE	Signature typica or printed near entiregitive 3 ag	privalet ette diappty about (N	CIE Registered Agen	signature requ	ired when reinstating)	DATE	····
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	PCEO DELETE		1.1 TITLE		resident & CEO	☐ Ch	ange 🔀 Addition
NAME MISHEK, JAMES					ATRICK J. PEYTON		
STREET ADDRESS			1.3 STREET ADDRESS		3 ST. ANTHONY PKWY	EAIR	
CITY+ST-ZIP	MINNEAPOLIS MN V DELETE		14 CITY-ST 21 TITLE	ZIP P	INNEAPOLIS MN 5	Cha	ange Addition
TITLE NAME	OGDEN, JEFFREY		2 2 NAME	1		[] One	inge L. Addition
STREET ADDRESS	AN OF ANTILIONIV DIGARY NE		2 3 STREET ADDRESS				i
C TY - ST - ZIP	MINNEAPOLIS MN		2. 4 CITY - ST - ZIP				
TITLE	S DELETE		3.1 TIFLE	<u> </u>		Cha	ange Addition
NAME	RONNINGEN, GERALDINE A		3.2 NAME	1			
STREET ADDRESS	OCHESS 63 ST. ANTHONY PARKWAY		3.3 STREET A	DDRESS			
CITY - ST - ZIP	MINNEAPOLIS MN		3.4. CITY - ST	- ZIP	400		
TITLE	D	DELETE	4.1 TITLE	Ţ		☐ Cha	ange Addition
NAME	CHRISTIANSON, WARREN		4 2 NAME				
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-SI-7-2	MINNEAPOLIS MN	T for ETE	4.4 CITY - ST	ZIP		1766	Addition
TIFLE	D Christianson, Erlyn	☐ DELETE	5.1 TITLE			L Cha	ange L Addition
NAME ONOGET LEGISTERS	AS OF AUTHOUS PLOASE NE		5.2 NAME	pporce			i
STREET ADDRESS	MINNEAPOLIS MN		5.3 STREET A 5.4 CITY - ST				
CHTY - ST - ZIP TITLE	D D	DELETE	6.4 CHY-SI	ZIF		☐ Chi	ange Addition
NAME	CHRISTIANSON, WARREN T.A		6 2 NAME				
STREET ADORESS	AS OF ANTIQUE PLOUS AFF		63 STREET A	DORESS			
CITY: ST 2IP MINNEAPOLIS MN			6.4 CITY-ST-ZIP				
		ad with this filing door not gu			ed in Section 119.07(3)(i) Florida Statu	tee I further certify	that the

I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this agricultar eport 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 composition 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 12 or Block 12 or Block 12 or on an attackment with an address.

**FILED** 

Jan 17 1997 8:00am

Secretary of State