**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077305 (9)

1. Corporation Name
SECURED DELIVERY SERVICE, INC.

Principal Place of Business
5801 THISLEDOWN CT.
WEST PALM BEACH FL 33415

Mailing Address
5801 THISLEDOWN CT.
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0447897 — 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. Does corporation qualify for intangible tax under S. 199.032 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
FAUBLA, LIDER F
5801 THISLEDOWN CT.
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The aforementioned, being an officer or director of the corporation, hereby accepts the appointment as registered agent. I am familiar with and accept the obligations of section [illegible], Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

| | |
|---|---|
| TITLE | D |
| NAME | FAUBLA, LIDER F |
| STREET ADDRESS | 5801 THISLEDOWN CT |
| CITY ST ZIP | WEST PALM BEACH FL 33415 |
| TITLE | D |
| NAME | FAUBLA, DORIS C |
| STREET ADDRESS | 5801 THISLEDOWN CT |
| CITY ST ZIP | WEST PALM BEACH FL 33415 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
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| CITY ST ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

14. I hereby certify that the information contained herein, and attached, is true and correct to the best of my knowledge and belief, and that I am duly authorized to execute this report on behalf of the corporation named herein. I further certify that the officers and directors of the corporation named herein have authorized me to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on the attached sheet of paper.

SIGNATURE: [signature] 4-27-1995

SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR — TITLE — DATE

0203420 CP