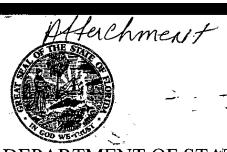
## FILED Jul 28, 2002 8:00 am Secretary of State

## 2002 UNIFORM BUSINESS REPORT (UBR)

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1. Entity Nar	MENT # - <b>P9400</b>	0000341 🗅	• •		/					
	'N'S DELIVERY SERVICE, INC	2								
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	·	<u> </u>								
Principal Place of Business Mailing Address										
3291 HIGHWAY 478 P.O. BOX 1746				_					•	
BUSHNELL F	r 32013	BUSHNELL FL 33513	· · ·			<u></u>		<u> </u>		
Principal Place of Basiness     3. Mailing Address						18 IONI MAN FAIN DE	L 1011 OD 151 153	411 <b>evil i</b> ilk	II TUUN (KAS IR A	
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Suite, Apt. #, etc. ½ " Suite. Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State City & State					4. FEI Number	59-3222048			Applied For	]
∵ Zip	Country	Zio							Not Applicable	<b>븻</b>
	3337.17		Country		5. Certificate of	Status Desired		8.75 A		1
=	6. Name and Address of Current R	egistered Agent			7. Name and A	dress of New Re	gistered A	делт		<u> </u>
DEMINOC	R, THURMAN'G			Verna	·					
	HWAY 476		S	Street Address (F	P.O. Box Number i	s Not Acceptable	)			
	⊥ FL 33513					<u> </u>	<u> </u>			┪ .
				City	<del></del>		<u></u>	Zip Co	de	-{
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		····	<del></del> .	·	FL	1.00		_[
8. The above	named entity submits this statement for t	he purpose of changing its	registered o	office or registere	ed agent, or both,	in the State of Flor	ida.			1
SIGNATURE	•									1 _
SIGNATURE	Signature, typed or printed name of registered agent and	d site if explicable. (NOTE	: Registered Age	ent signature required t	nhan rainstating)		DATE			,
	oration is eligible to satisfy its Intangible	FILE NOW!			10. Flection	on Campaign Fina	neino	ės i	10	Ţ.
	requirement and elects to do so.  ria on back)	After May 1, 200 Make Check Payabl			Tauet	Fund Contribution			00 May Be d to Fees	
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KAME	PENINGER, THURMAN G		NAME					_ •		6
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NAME	PENINGER, CLAUDIA G		NAME	<u> </u>						} }
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CITY-S1-ZIP			CITY-ST-20						1	- 1
of the corp	ertify that the information supplied with this on this report or supplemental report is tru boration of the receiver or trustee empowe or on an attachment with an address, with	red to exacute this report as				of that my name a	n; that I am a ppears in Bi	an officer o	or director Block 12 if	
SIGNAT	COON A STREET	re require	DIRECTOR	hurma	akenza	352 26-34	7755 200	Phone 1	_	



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 28, 2002

THURMAN"S DELIVERY SERVICE, INC. P.O. BOX 1746 BUSHNELL, FL 33513

Subject: THURMAN"S DELIVERY SERVICE, INC.

Reference-Number:

≨₽94000000341

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JC

ANNUAL REPORTS SECTION