FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000047069 (7)**

1. Corporation Name
PREMIERE COURIER OF FLORIDA, INC.

Principal Place of Business
5760-4 YOUNGQUIST RD.
FORT MYERS FL 33912

Mailing Address
5760-4 YOUNGQUIST RD.
FORT MYERS FL 33912

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report: 05/01/1995

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: 65-0511372 ☐ 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

METZ, THERESA
5760-4 YOUNGQUIST ROAD
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	METZ, MATTHEW	
STREET ADDRESS	3170-808 SEASONS WAY	
CITY-ST-ZIP	ESTERO FL	
TITLE	DS	☐ DELETE
NAME	METZ, THERESA	
STREET ADDRESS	3170-808 SEASONS WAY	
CITY-ST-ZIP	ESTERO FL	
TITLE	DV	☐ DELETE
NAME	SMALLRIDGE, CLINT	
STREET ADDRESS	4127 GARDENER DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DT	☐ DELETE
NAME	SMALLRIDGE, VERA	
STREET ADDRESS	4127 GARDENER DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DV	☒ Change ☐ Addition
3.2 NAME	Smallridge, Clint	
3.3 STREET ADDRESS	140 SE Leland Street	
3.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
4.1 TITLE	DT	☒ Change ☐ Addition
4.2 NAME	Smallridge, Vera	
4.3 STREET ADDRESS	140 SE Leland Street	
4.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Theresa Metz THERESA METZ 1/22/96 941-481-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (12/95)