

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 # P94000058784 (7)

1. Corporation Name

LOU SABIN'S COURIER SERVICE, INC.



Principal Place of Business

Mailing Address

3530 FIRST AVE. N.
STE 203
ST. PETERSBURG FL 33713

3530 FIRST AVE. N.
STE 203
ST. PETERSBURG FL 33713

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JAY B. VERONA, P.A.
5959 CENTRAL AVE.
SUITE 201
ST. PETERSBURG FL 33710

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report
08/24/1995

4. FEI Number
59-3276707

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

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
HAYGHE, WILLIAM
STREET ADDRESS 5200 28TH ST. N LOT 679
CITY-ST-ZIP ST. PETERSBURG FL 33714

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME STD
SABIN, RICHARD E
STREET ADDRESS 5336 BURLINGTON AVE. N
CITY-ST-ZIP ST. PETERSBURG FL 33710

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VD
RUSSO, SALVATORE A
STREET ADDRESS 2717 44TH ST N
CITY-ST-ZIP ST PETERSBURG FL 33713

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME 3.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS 3.2 NAME

CITY-ST-ZIP 3.3 STREET ADDRESS

TITLE ☐ DELETE 3.4 CITY-ST-ZIP

NAME 4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS 4.2 NAME

CITY-ST-ZIP 4.3 STREET ADDRESS

TITLE ☐ DELETE 4.4 CITY-ST-ZIP

NAME 5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS 5.2 NAME

CITY-ST-ZIP 5.3 STREET ADDRESS

TITLE ☐ DELETE 5.4 CITY-ST-ZIP

NAME 6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS 6.2 NAME

CITY-ST-ZIP 6.3 STREET ADDRESS

TITLE ☐ DELETE 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:

William R. Hayghe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96
Date

321-2228
Daytime Phone #

CR2E034 (12/95)