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
... 9:19
... FLORIDA

DOCUMENT # P94000076029 (5)

1. Corporation Name
BAYMEADOWS PARCEL SERVICE, INC.

Principal Place of Business
3491 PALL MALL DRIVE, STE. 201
JACKSONVILLE FL 32257-5463

Mailing Address
3491 PALL MALL DRIVE, STE. 201
JACKSONVILLE FL 32257-5463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21 8285 WESTERN WAY CIR
22 Suite, Apt. # etc.
23 City & State: JACKSONVILLE, FL
24 Zip: 32256
25 County:

2a. Mailing Address
26 8285 WESTERN WAY CIR
27 Suite, Apt. # etc.
28 City & State: JACKSONVILLE, FL
29 Zip: 32256
30 County:

4. FEI Number: 59-3275073 ☐ 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

JAFFA, JAMES B
3491 PALL MALL DRIVE, STE. 201
JACKSONVILLE FL 32257-5463

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAFFA, JAMES B
STREET ADDRESS	3491 PALL MALL DRIVE, STE. 201
CITY-ST-ZIP	JACKSONVILLE FL 32257-5463

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D, P	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, VP	☐ Change ☒ Addition
NAME	ILESE B. JAFFA	
STREET ADDRESS	108 RAINBOW CIR.	
CITY-ST-ZIP	CHATTANOOGA, TN 374[illegible]5	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: [signature] Ilese B. Jaffa 4/15/95 904-739-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0021916 CP