

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000023440 (7)
 1. Corporation Name

DESKTOP SHIPPING SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**4531 DELEON COURT STE. 207
FORT MYERS FL 33907**

**4531 DELEON COURT STE. 207
FORT MYERS FL 33907**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1995		3a. Date of Last Report	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0580259		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees			
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent

**BOLOGNESE, JOSEPH F
7249 BLACKHAWK
SPRING HILL FL 33907**

10. Name and Address of New Registered Agent

81. Name **Bolognese, Joseph F**
 82. Street Address (P.O. Box Number is Not Acceptable)
4531 DeLeon Ct, Ste 207
 83.
 84. City **Ft. Myers** FL 85. Zip Code **33907**

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 **X Joseph F Bolognese** DATE **X 7-15-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BOLOGNESE, JOSEPH F	1.2 NAME	Bolognese, Joseph F
STREET ADDRESS	7249 BLACKHAWK TRAIL	1.3 STREET ADDRESS	4531 DeLeon Ct, Ste 207
CITY - ST - ZIP	SPRING HILL FL 34006	1.4 CITY - ST - ZIP	Ft Myers, FL 33907
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X Joseph F Bolognese** DATE: **X 7-15-96** TELEPHONE: **941-277-5121**

CR2E034 (3/96)