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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

NAME STREET ADDRESS

CITY ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if change

DOCUMENT # P95000094599 (4)

TURZA'S DELIVERY SERVICES, INC.

Mailing Address Principal Place of Business 18927 QUERCUS DR. #8 18927 QUERCUS DR. #8 HUDSON FL 34669 HUDSON FL 34687-6215 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3349587 21 3248 BARTLETT ST. 26 Not Applicable 3248 BARTLETT ST Suite Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be SPRING HILL, FL SPRING HILL, FL \Box 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, 34606-301525 USA 34606-301530 USA Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TURZA, MARK D 18927 QUERCUS DR, #8 R2 Street Address (P.O. Box Number is Not Acceptable) **HUDSON FL 34669** 3248 BARTLETT ST **B3** City PRING HILL Zip Code 34606 84 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 prished name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. PSD DELETE Change Addition 1 1 TITLE TITLE TURZA, MARK D 1.2 NAME NAME 18927 QUERCUS DR. #8 STREET ADDRESS 1.3 STREET ADDRESS 3248 BARTLETT ST HUDSON FL 34669 SPRING HILL, FL 34606-3015 CITY-SI-ZIP 1.4 City - \$1 - ZIP DELETE Addition 2.1 TITLE TITLE TAYLOR, MARILYN J NAME 2.2 NAME TURZA, MARILYN J 3248 BARTLETT ST 18927 QUERCUS DR, #8 2.3 STREET ADDRESS STREET ADDRESS **HUDSON FL 34869** SPRING HILL, FL 34606-3015 2. 4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CiTY-ST-ZIP Addition DELETE Change TITLE 61 TITLE

6.2 NAME

6.3 STREET ADDRESS

MARK TURZA

6.4 CITY - ST - ZIP 14. I do 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 annual report of 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 at the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name