FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094599 (4)

TURZA'S DELIVERY SERVICES, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Ad	dress			T (DBISER) lid (BJBs Balt) adilit abilit abilit abilit abilit dinat abilit dinat asili dent sam sear	
3248 BARTLETT STREET 3248 BARTLETT STREET							
SPRING HILL	FL 34606-9015	Spring H	SPRING HILL FL 34606-3015			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						01/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26	26			59-3349587 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Cartificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State	,	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution	
—₁ Zip	Country	<i>Z</i> ip	-	Countr	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XY Yes No	
24	9. Name and Address of Curren	29		30		Personal Property Tax due June 30. XYes No 10. Name and Address of New Registered Agent	
****		Legistered A	April.	 B1	Name		
TURZA, MARK D							
3248 BARTLETT STREET				82	Street	t Address (P.O. Box Number is Not Acceptable)	
SPRING HILL FL 34606			63				
				64	City	FL 85 Zip Code	
44 Purcuent I	a the provisions of Sections 607 050	2 and 607 1508	Florida Statute	s, the abov	/e-named	d cornoration 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 age	nt and title if applicable	e (NOTE:	Registered Aç	jent signature	re required when reinstating) DATE	
12.	OFFICERS ANI	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSO PSO		DELETE	1.1 TITLE		Change Change	
NAME	Turza, mark d			1.2 NAME			
STREET ADDRESS	3248 BARTLETT STREET			1.3 STREE	T ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606-3015			1.4 CITY-	\$1-ZIP		
TITLE	VTD		DELETE	2.1 TITLE		Change Addition	
NAME	TAYLOR, MARILYN J			2.2 NAME		MARILYN J. TURZA	
STREET ADDRESS	3248 BARTLETT STREET			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606-3015			2. 4 CITY	ST-ZIP		
TITLE			DELETE	3.1 TITLE		Change Addition	
NAME				3.2 NAME		\'	
STREET ADDRESS				1	T ADDRESS		
CITY-ST-ZIP			DELETE	3.4. CITY	ST-ZIP	Change Addition	
TITLE			☐ DELETE	4.1 TITLE	_	Change Addition	
NAME				4. 2 NAM			
STREET ADDRESS				1	T ADDRESS	·	
CITY-ST-ZIP			LIDELLIE	4.4 CITY-	ST-ZIP	Change Addition	
TITLE			DELETE	5.1 TITLE		Change C Acciden	
NAME				5.2 NAME		.	
STREET ADDRESS					T ADDRESS	•	
CITY-ST-ZIP			DELETE	5.4 CITY-		Change Addition	
TITLE			OLICHE	6.2 NAME		Criange Mutation	
NAME						.	
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP	partify that the information supplied w	ith this filing dov	es bot quatify for	6.1 CiTY	ntion state	led in Section 119.07(3)(i), Floride Statutes. I further certify that the information	
indicated	on this annual report or supplement	annual report i	is time and acer	rate and t	nat my sig	ignature shall have the same legal effect as if made under oath; that I am an	

officer or director of the composition or the register or trustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cryanged, or on an apachment with an address.

352-666-8271