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

FILED Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #**1. Corporation Name P96000014824 (2) K N' B COURIER SERVICE INC. Principal Place of Business Mailing Address 503 SUNSET RD N. 503 SUNSET RD N. ROTONDA W FL 33947 ROTONDA W FL 33947 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEL Number 21 NOT APPLICABLE Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 25 29 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WISNIEWSKI, NANCY name changed 1172 EDGEMERE PLACE **ENGLEWOOD FL 34224** to name of 83 marriage. 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 agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or purify renie of registered agent and life if applicable

INOTE: Registered agent and life if applicable

INOTE: Registered agent and life if applicable

INOTE: Registered agent and life if applicable 12, OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE 1.1 TITLE WISHEWSKI, NANCY - name changed Nancy A. Holtom 503 synset Road NAME 1.2 NAME North 503 SUNSET RD N. STREET ADDRESS 1.3 STREET ADDRESS to married ROTONDA WEST FI 1.4 CITY - ST- ZIP CITY-ST-7IP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITL F 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME

14. Thereby 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 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.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE: 1

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

941-496-4228

Change

☐ Addition

CR2E034 (10/97