

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

**APPROVED  
AND  
FILED**

1997 MAY 30 PM 9: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT #** P96000018277  
1. Corporation Name  
*The Courier People, Inc*

|  |   |
|--|---|
| Principal Place of Business<br><i>609 Piedmont Drive<br/>TALLAHASSEE</i> | Mailing Address<br><i>FLORIDA 32312</i> |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 <i>609 PIEDMONT DR</i> | 2a. Mailing Address<br>26 <i>609 PIEDMONT DRIVE</i> |
| 22 Suite, Apt. #, etc.                                      | 27 Suite, Apt. #, etc.                              |
| 23 City & State<br><i>TALLAHASSEE FL</i>                    | 28 City & State<br><i>TALLAHASSEE, FL</i>           |
| 24 Zip<br><i>32312</i>                                      | 25 Country<br><i>LEON</i>                           |
| 29 Zip<br><i>32312</i>                                      | 30 Country<br><i>LEON</i>                           |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><i>FEB 28 1996</i>  | 3a. Date of Last Report<br><i>FEB 28 96</i>  |
| 4. FEI Number<br><i>APPLIED</i>  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**  
*ELEANOR CHENAULT M'BRIDE  
609 PIEDMONT DRIVE  
TALLAHASSEE, FLORIDA 32312*

**10. Name and Address of New Registered Agent**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|   |                                 |
|---|---------------------------------|
| TITLE<br><i>President</i>                   | <input type="checkbox"/> DELETE |
| NAME<br><i>ELEANOR C. M'BRIDE</i>           |                                 |
| STREET ADDRESS<br><i>609 PIEDMONT DRIVE</i> |                                 |
| CITY-ST-ZIP<br><i>TALLAHASSEE FL 32312</i>  |                                 |
| TITLE                                       | <input type="checkbox"/> DELETE |
| NAME  |                                 |
| STREET ADDRESS                              |                                 |
| CITY-ST-ZIP                                 |                                 |
| TITLE                                       | <input type="checkbox"/> DELETE |
| NAME  |                                 |
| STREET ADDRESS                              |                                 |
| CITY-ST-ZIP                                 |                                 |
| TITLE                                       | <input type="checkbox"/> DELETE |
| NAME  |                                 |
| STREET ADDRESS                              |                                 |
| CITY-ST-ZIP                                 |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

**300002201843-004**  
**-06/04/97--01061--006**  
**\*\*\*165.00 \*\*\*165.00**

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 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

**SIGNATURE:** *Eleanor C. McBride* **ELEANOR CHENAULT M'BRIDE** 5/5-2 1997 *AO*

CR2E034 (9/96)