

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000103299

1. Corporation Name

FAITHFUL DELIVERY SERVICES, INCORPORATED

Principal Place of Business

3836 WEST NEPTUNE  
TAMPA FL 33629  
US

Mailing Address

1220 SOUTH DALE MABRY  
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1996

4. FEI Number

59-3425407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 3836 W. NEPTUNE

Suite, Apt. #, etc.

27 City & State

28 TAMPA FLA

Zip

29 33611

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

AUSTIN, DONALD E  
1220 S. DALE MABRY  
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name DANIEL E. AUSTIN

82 Street Address (P.O. Box Number is Not Acceptable)  
3836 W. NEPTUNE

83

84 City TAMPA

FL

85 Zip Code 33611

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

PRESIDENT

3-12-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME AUSTIN, DONALD E  
STREET ADDRESS 3836 WEST NEPTUNE  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

1.2 NAME DONALD E. AUSTIN

1.3 STREET ADDRESS 3836 W. NEPTUNE

1.4 CITY-ST-ZIP TAMPA FL 33629

2.1 TITLE PRESIDENT ☐ Change ☒ Addition

2.2 NAME DANIEL E AUSTIN

2.3 STREET ADDRESS 3836 W. NEPTUNE

2.4 CITY-ST-ZIP TAMPA FLA 33629

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: DANIEL E. AUSTIN

4-3-99

254-6672 (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0396870

CR2E034 (11/98)

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90018 034 \*\*\*150.00

