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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723059** (2)

1. Corporation Name

LAKELAND LETTER CARRIERS ASSOCIAION, INC.

Principal Place of Business

Mailing Address

2434 GOLFVIEW ST.
P.O. BOX 3343
LAKELAND FL 33802-0343

2434 GOLFVIEW ST.
P.O. BOX 3343
LAKELAND FL 33802-3343
US

3. Date Incorporated or Qualified

04/04/1972

4. FEI Number

59-1727916

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRINEGAR, WAYNE
627 ORIOLE DR.
LAKELAND FL 33803

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE
NAME **TR**
STREET ADDRESS **MCAFFEE, JOHN**
CITY - ST - ZIP **4502 FLINT ROCK LOOP**
LAKELAND FL

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **REPINE, ALLEN**
CITY - ST - ZIP **305 GREENWOODS DR.**
LAKELAND, FL 00000

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **KINDER, DAVID**
CITY - ST - ZIP **603 LONGFELLOW BLVD.**
LAKELAND FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BALDWIN, JERRY A**
CITY - ST - ZIP **907 JOHNSON AVE.**
LAKELAND FL

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **SULLIVN, KIRT**
CITY - ST - ZIP **37402 MERIDIAN AVE**
DADE CITY FL

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **BRINEGAR, WAYNE**
CITY - ST - ZIP **627 ORIOLE DR**
LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allen Repine REPINE, ALLEN, Pres 1-14-98 (941) 646-0071

CR2E037 (10/97)