

2-9-98 B 1718 C
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FILED
Feb 09 1998 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # M73698 (6)

1. Corporation Name
MAIL RITE, INC.



Principal Place of Business Mailing Address

5134 W IDLEWILD TAMPA FL 33634 US

5134 W IDLEWILD TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 29 Zip 30 Country

3. Date Incorporated or Qualified
03/24/1988

4. FEI Number
59-2878892

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

JONES, TONY
5134 W IDLEWILD
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name
TIM JONES

82 Street Address (P.O. Box Number is Not Acceptable)
5134 W. IDLEWILD

84 City
TAMPA FL 85 Zip Code
33634

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 *[Signature]* **Tim Jones** **2/2/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	JONES, TONY	
STREET ADDRESS	1872 DAIQUIRI LANE	
CITY-ST-ZIP	LUTZ FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JONES, TIMOTHY	
STREET ADDRESS	1872 DAIQUIRI LANE	
CITY-ST-ZIP	LUTZ FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JONES, LONI	
STREET ADDRESS	1872 DAIQUIRI LN	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOEN, TERRY	
STREET ADDRESS	12712 HOLYOKE AVE.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WELLS, VAN	
STREET ADDRESS	1107 ESTATESWOOD DR.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DAVID	
STREET ADDRESS	6414 CASITAS CT #108	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TAMMY JONES	
13 STREET ADDRESS	7031 MONTERON LN	
14 CITY-ST-ZIP	TAMPA FL 33625	
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BARBARA HESLIN	
23 STREET ADDRESS	4026 FALKENBURG RD	
24 CITY-ST-ZIP	TAMPA FL 33610	
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	CHASITY HESLIN	
33 STREET ADDRESS	4026 FALKENBURG RD	
34 CITY-ST-ZIP	TAMPA FL 33610	
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		

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.

SIGNATURE: *[Signature]* **2/2/98** **882-0791**

CR2E034 (10/97)