FILED
Feb 27 1998 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000108178 (9)

1. Corporation Name
THE MAILBAG, INC.

Principal Place of Business	Mailing Address
20 S. PARK AVENUE APOPKA FL 32703	20 S. PARK AVENUE APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 _____
22 Suite, Apt #, etc. _____
23 City & State _____
24 Zip _____ 25 Country _____

2a. Mailing Address
26 _____
27 Suite, Apt #, etc. _____
28 City & State _____
29 Zip _____ 30 Country _____

3. Date Incorporated or Qualified
12/24/1997

4. FEI Number
59-3483332
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SHAVER, RONALD
20 S. PARK AVENUE
APOPKA FL 32703

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, Florida Statutes, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRT~~ PD SHAVER, RONALD 20 S. PARK AVENUE APOPKA FL 32703	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SHAVER, JAMES 7611 LAKE OLA DR. MT. DORA, FL. 32757	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SHAVER, SUSAN D. 7611 LAKE OLA DR. MT. DORA, FL. 32757	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ELIZABETH L. SHAVER 7611 LAKE OLA DR. MT. DORA, FL. 32757	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	DVP SHAVER, JAMES 7611 LAKE OLA DR. MT. DORA, FL. 32757	☐ Change ☑ Addition
1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	SECRETARY SHAVER, SUSAN D. 7611 LAKE OLA DR. MT. DORA, FL. 32757	☐ Change ☑ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TREASURER ELIZABETH L. SHAVER 7611 LAKE OLA DR. MT. DORA, FL. 32757	☐ Change ☑ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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: Ronald E. Shaver 2/4/98 407-884-2980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0001673