

FILE NOW: FILING FEE AFTER MAY 1ST \$50.00

FILED
Feb 27 1998 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra L. Hamm Secretary DIVISION OF CORPORATIONS	
DOCUMENT # P97000108178 (9) 1. Corporation Name THE MAILBAG, INC.			
Principal Place of Business 20 S. PARK AVENUE APOPKA FL 32703		Mailing Address 20 S. PARK AVENUE APOPKA FL 32703	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/1997	
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-3483332		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	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. City					
84. City				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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
1. TITLE	2. NAME	1. TITLE	2. NAME
3. STREET ADDRESS	4. CITY-ST-ZIP	3. STREET ADDRESS	4. CITY-ST-ZIP
5. TITLE	6. NAME	5. TITLE	6. NAME
7. STREET ADDRESS	8. CITY-ST-ZIP	7. STREET ADDRESS	8. CITY-ST-ZIP
9. TITLE	10. NAME	9. TITLE	10. NAME
11. STREET ADDRESS	12. CITY-ST-ZIP	11. STREET ADDRESS	12. CITY-ST-ZIP
13. TITLE	14. NAME	13. TITLE	14. NAME
15. STREET ADDRESS	16. CITY-ST-ZIP	15. STREET ADDRESS	16. CITY-ST-ZIP
17. TITLE	18. NAME	17. TITLE	18. NAME
19. STREET ADDRESS	20. CITY-ST-ZIP	19. STREET ADDRESS	20. CITY-ST-ZIP
21. TITLE	22. NAME	21. TITLE	22. NAME
23. STREET ADDRESS	24. CITY-ST-ZIP	23. STREET ADDRESS	24. CITY-ST-ZIP
25. TITLE	26. NAME	25. TITLE	26. NAME
27. STREET ADDRESS	28. CITY-ST-ZIP	27. STREET ADDRESS	28. CITY-ST-ZIP
29. TITLE	30. NAME	29. TITLE	30. NAME
31. STREET ADDRESS	32. CITY-ST-ZIP	31. STREET ADDRESS	32. CITY-ST-ZIP
33. TITLE	34. NAME	33. TITLE	34. NAME
35. STREET ADDRESS	36. CITY-ST-ZIP	35. STREET ADDRESS	36. CITY-ST-ZIP
37. TITLE	38. NAME	37. TITLE	38. NAME
39. STREET ADDRESS	40. CITY-ST-ZIP	39. STREET ADDRESS	40. CITY-ST-ZIP
41. TITLE	42. NAME	41. TITLE	42. NAME
43. STREET ADDRESS	44. CITY-ST-ZIP	43. STREET ADDRESS	44. CITY-ST-ZIP
45. TITLE	46. NAME	45. TITLE	46. NAME
47. STREET ADDRESS	48. CITY-ST-ZIP	47. STREET ADDRESS	48. CITY-ST-ZIP
49. TITLE	50. NAME	49. TITLE	50. NAME
51. STREET ADDRESS	52. CITY-ST-ZIP	51. STREET ADDRESS	52. CITY-ST-ZIP
53. TITLE	54. NAME	53. TITLE	54. NAME
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59. STREET ADDRESS	60. CITY-ST-ZIP	59. STREET ADDRESS	60. CITY-ST-ZIP
61. TITLE	62. NAME	61. TITLE	62. NAME
63. STREET ADDRESS	64. CITY-ST-ZIP	63. STREET ADDRESS	64. CITY-ST-ZIP
65. TITLE	66. NAME	65. TITLE	66. NAME
67. STREET ADDRESS	68. CITY-ST-ZIP	67. STREET ADDRESS	68. CITY-ST-ZIP
69. TITLE	70. NAME	69. TITLE	70. NAME
71. STREET ADDRESS	72. CITY-ST-ZIP	71. STREET ADDRESS	72. CITY-ST-ZIP
73. TITLE	74. NAME	73. TITLE	74. NAME
75. STREET ADDRESS	76. CITY-ST-ZIP	75. STREET ADDRESS	76. CITY-ST-ZIP
77. TITLE	78. NAME	77. TITLE	78. NAME
79. STREET ADDRESS	80. CITY-ST-ZIP	79. STREET ADDRESS	80. CITY-ST-ZIP
81. TITLE	82. NAME	81. TITLE	82. NAME
83. STREET ADDRESS	84. CITY-ST-ZIP	83. STREET ADDRESS	84. CITY-ST-ZIP
85. TITLE	86. NAME	85. TITLE	86. NAME
87. STREET ADDRESS	88. CITY-ST-ZIP	87. STREET ADDRESS	88. CITY-ST-ZIP
89. TITLE	90. NAME	89. TITLE	90. NAME
91. STREET ADDRESS	92. CITY-ST-ZIP	91. STREET ADDRESS	92. CITY-ST-ZIP
93. TITLE	94. NAME	93. TITLE	94. NAME
95. STREET ADDRESS	96. CITY-ST-ZIP	95. STREET ADDRESS	96. CITY-ST-ZIP
97. TITLE	98. NAME	97. TITLE	98. NAME
99. STREET ADDRESS	100. CITY-ST-ZIP	99. STREET ADDRESS	100. 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: _____ DATE: 2/4/98 467-884-2980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR