FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # P92000007466 (5)

1. ALEXANDER'S DIRECT MAIL SERVICES INC.

Principal Place of Business	Mailing Address
6956 PHILLIPS PARKWAY DRIVE N JACKSONVILLE FL 32256	6956 PHILLIPS PARKWAY DRIVE N. JACKSONVILLE FL 32256

ACCEPTED AND FILED

95 FEB 23 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/01/1993	03/16/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3148117 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALEXANDER, ALICE T. 6956 PHILLIPS PARKWAY DRIVE N. JACKSONVILLE FL 32256	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, 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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31	DPT	11 TITLE	☐ Change ☐ Addition
32	ALEXANDER, ALICE T.	12 NAME	
33	1526 SILVER OAK LANE	13 STREET ADDRESS	
34	JACKSONVILLE FL	14 CITY-ST-ZIP	
35	DVS	21 TITLE	☐ Change ☐ Addition
36	ALEXANDER, ROBERT C. S	22 NAME	
37	1526 SILVER OAK LANE	23 STREET ADDRESS	
38	JACKSONVILLE FL	24 CITY-ST-ZIP	
39	V	31 TITLE	☐ Change ☐ Addition
40	ALEXANDER, ROBERT C. J	32 NAME	
41	1526 SILVER OAK LANE	33 STREET ADDRESS	
42	JACKSONVILLE FL	34 CITY-ST-ZIP	
43	VT	41 TITLE	☐ Change ☐ Addition
44	ALEXANDER, RICHARD	42 NAME	
45	1526 SILVER OAK LANE	43 STREET ADDRESS	
46	JACKSONVILLE FL	44 CITY-ST-ZIP	
47	V	51 TITLE	☐ Change ☐ Addition
48	JONES, CURTIS	52 NAME	
49	1526 SILVER OAK LANE	53 STREET ADDRESS	
50	JACKSONVILLE FL	54 CITY-ST-ZIP	
51		61 TITLE	☐ Change ☐ Addition
52		62 NAME	
53		63 STREET ADDRESS	
54		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and received pursuant to 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 a director or officer 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 above, or on an attachment with an address.

SIGNATURE: Alice T Alexander, Pres. 2/22/95 904-262-6572
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (DATE) (Daytime Phone #)

0021622 CP