

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 118527

(1)

1. Corporation Name:

POSTAL COLONY COMPANY INC

Principal Place of Business

100A NORTH HIGHWAY 27
CLERMONT FL 34711

Mailing Address

100A NORTH HIGHWAY 27
CLERMONT FL 34711



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/01/1940

3a. Date of Last Report

03/30/1995

4. FEI Number

59-0407880

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

10. Name and Address of New Registered Agent

IRVIN BARWICK
VILLA CITY ROAD
GROVELAND FL 32736

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 607.0562 and 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	[] DELETE
	PD	BARWICK, IRVIN	VILLA CITY RD.	
			GROVELAND FL	
	D	FRIEDEL, RONALD	17801 NE 9TH CT	
			N MIAMI BCH., FL 00000	
	ST	BEDSOLE, MARY ANN	375 CATHERINE LN.	
			GROVELAND, FL 00000	
	D	SEAVER, ROBERT O.	1210 7TH ST.	
			CLERMONT FL	
	D	WESTBROOK, DAN	164 ORANGE AVE.	
			CLERMONT, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	[] Change	[] Add on
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	[] Change	[] Add on
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	[] Change	[] Add on
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	[] Change	[] Add on
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	[] Change	[] Add on
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	[] Change	[] Add on

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Mary Ann Bedsole Mary Ann Bedsole

3/19/96

352-429-2879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

gtt 3/26/96