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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 118527

(1)

Corporation Name
POSTAL COLONY COMPANY INC



Principal Place of Business

Mailing Address

100A NORTH HIGHWAY 27
CLERMONT FL 34711

100A NORTH HIGHWAY 27
CLERMONT FL 34711

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

IRVIN BARWICK
VILLA CITY ROAD
GROVELAND FL 32738

3. Date Incorporated or Qualified

07/01/1940

3a. Date of Last Report

03/26/1996

4. FEI Number

59-0407880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

81 Name

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

83

84 City

FL

85 Zip Code
34736

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, 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 PD
NAME BARWICK, IRVIN
STREET ADDRESS VILLA CITY RD.
CITY-ST-ZIP GROVELAND FL

☐ DELETE

TITLE D
NAME FRIEDEL, RONALD
STREET ADDRESS 17801 NE 9TH CT
CITY-ST-ZIP N MIAMI BCH., FL 00000

☐ DELETE

TITLE ST
NAME BEDSOLE, MARY ANN
STREET ADDRESS 375 CATHERINE LN.
CITY-ST-ZIP GROVELAND, FL 00000

☐ DELETE

TITLE D
NAME SEAYER, ROBERT O.
STREET ADDRESS 1210 7TH ST.
CITY-ST-ZIP CLERMONT FL

☐ DELETE

TITLE D
NAME WESTBROOK, DAN
STREET ADDRESS 184 ORANGE AVE.
CITY-ST-ZIP CLERMONT, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Groveland, Fl. 34736

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3000 Island Blvd. #2103
N. Miami Bch, Fl. 33160

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Groveland, Fl. 34736

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Clermont, Fl. 34711

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Clermont, Fl. 34711

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Mary Ann Bedsole 3/7/97 1-352-242-6212

CP25034 (9/96)