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FILED
Jan 22 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 # 608756 (3)
 1. Corporation Name:
THE MAIL ROOM, INC.



Principal Place of Business: **2623 NW 74TH PLACE GAINESVILLE FL 32606**
 Mailing Address: **2623 NW 74TH PLACE GAINESVILLE FL 32653-1251**

3. Date Incorporated or Qualified: **02/02/1979** 3a. Date of Last Report: **03/18/1996**
 4. FEI Number: **59-1879219** 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:
BROWN, THOMAS C.
2623 N W 74TH PLACE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent:
 81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: _____ 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	TS	<input type="checkbox"/>
NAME	BROWN, KATHERINE E.	
STREET ADDRESS	2623 N W 74TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/>
NAME	BROWN, THOMAS C	
STREET ADDRESS	2623 NW 74TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/>
NAME	BRIATICO, LEANNE B	
STREET ADDRESS	2623 NW 74TH PL	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/>
NAME	WHITTON, RHONDA	
STREET ADDRESS	2623 NW 74 PL	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/>
NAME	WHITTON, ANSLEY	
STREET ADDRESS	2623 NW 74TH PL	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/>
NAME	BRIATICO, JOSEPH	
STREET ADDRESS	2623 NW 74TH PL	
CITY - ST - ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Katherine E. Brown* KATHERINE E. BROWN 1-15-97 352-378-1704
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)