

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 608756

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 32606

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90022 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1979

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE TS
NAME BROWN, KATHERINE E.
STREET ADDRESS 2623 N W 74TH PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE PD ☐ DELETE

NAME BROWN, THOMAS C
STREET ADDRESS 2623 NW 74TH PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE

NAME BRIATICO, LEANNE B
STREET ADDRESS 2623 NW 74TH PL
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE

NAME WHITTON, RHONDA
STREET ADDRESS 2623 NW 74 PL
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE

NAME WHITTON, ANSLEY
STREET ADDRESS 2623 NW 74TH PL
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE

NAME BRIATICO, JOSEPH
STREET ADDRESS 2623 NW 74TH PL
CITY-ST-ZIP GAINESVILLE FL

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE: Thomas C Brown 2-26-99 352-378-1704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)