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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 707246

1. Corporation Name

TAMPA LETTER CARRIERS, INC.

Principal Place of Business

3003 CYPRESS STREET
TAMPA FL 33609-1617

Mailing Address

3003 CYPRESS STREET
TAMPA FL 33609-1617



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

3. Date Incorporated or Qualified

05/05/1964

4. FEI Number

59-1033678

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

9. Name and Address of Current Registered Agent

QUINTANILLA, F.
4708 SHALE PLACE
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

GOOD JAMES

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

5021 CARROLLWOOD MEADOWS DR.

83

84 City

TAMPA

FL

85 Zip Code

33625

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE CD ☒ DELETE
NAME ALVAREZ, DANNY
STREET ADDRESS APT 1406, 2401 BAYSHORE BLVD
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☒ DELETE
NAME PUIG, HERBERT
STREET ADDRESS APT 460, 5820 N CHURCH AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE DT ☒ DELETE
NAME QUINTANILLA, F.
STREET ADDRESS 4708 SHALE PLACE
CITY-ST-ZIP TAMPA, FL 00000 33615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☒ Addition
1.2 NAME WATTS JOHN
1.3 STREET ADDRESS 806 LEXINGTON BLVD.
1.4 CITY-ST-ZIP TAMPA FL 33612-6305

2.1 TITLE (D) MICHAEL BROUSSEAU ☐ Change ☒ Addition
2.2 NAME 1 OCTAVIA WAY
2.3 STREET ADDRESS SAFETY HARBOR, FL 34695-5218
2.4 CITY-ST-ZIP

3.1 TITLE DT ☐ Change ☒ Addition
3.2 NAME GOOD, JAMES
3.3 STREET ADDRESS 5021 CARROLLWOOD MEADOWS DR.
3.4 CITY-ST-ZIP TAMPA FL 33625

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED JAMES GOOD

DATE

2/1/99

Daytime Phone #

813-4178877

CR2E037 (11/98)