

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006178 (7)  
1. Corporation Name  
MAILSOUTH, INC.

Principal Place of Business  
PO BOX 614  
HELENA AL 35080

Mailing Address  
PO BOX 614  
HELENA AL 35080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 63-0972131	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	P	13. 1.1 TITLE	
NAME	HOWARD, B. L. JR.	1.2 NAME	
STREET ADDRESS	2160 HWY 119	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTEVALLO AL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	CONDRA, MARK A	2.2 NAME	
STREET ADDRESS	2808 RED OAK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GADSDEN AL 35901	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	MITCHELL, WILLIAM H	3.2 NAME	
STREET ADDRESS	PO BOX 1059	3.3 STREET ADDRESS	
CITY-ST-ZIP	TUSCALOOSA AL 35403	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	KILPATRICK, DALE F	4.2 NAME	
STREET ADDRESS	217 LINN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TRUSSVILLE AL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BLACH, HAROLD B JR	5.2 NAME	
STREET ADDRESS	34 CROSS CREEK PARK	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Dale F Kilpatrick, Dale F Kilpatrick, Treasurer 4/13/98 (205) 620-6202

CR2E034 (10/97)