

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90075 041 \*\*\*158.75

**DOCUMENT # F94000006178**

1. Entity Name  
**MAILSOUTH, INC.**



Principal Place of Business  
**PO BOX 614  
HELENA, AL 35080**

Mailing Address  
**PO BOX 614  
HELENA, AL 35080**

**94038660**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**63-0972131**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HOWARD, B. L JR. ☐ Delete  
STREET ADDRESS 2160 HWY 119  
CITY-ST-ZIP MONTEVALLO, AL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME CONDR, MARK A  
STREET ADDRESS 2608 RED OAK ROAD  
CITY-ST-ZIP GADSDEN, AL 35901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MITCHELL, WILLIAM H  
STREET ADDRESS PO BOX 1059  
CITY-ST-ZIP TUSCALOOSA, AL 35403

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KILPATRICK, DALE F  
STREET ADDRESS 217 LINN DR  
CITY-ST-ZIP TRUSSVILLE, AL

TITLE ☒ Change ☐ Addition  
NAME **Treasurer + Director**  
STREET ADDRESS **Kilpatrick, Dale F.**  
CITY-ST-ZIP **217 Linn Drive**  
**Trussville, Al**

TITLE D ☐ Delete  
NAME BLACH, HAROLD B JR  
STREET ADDRESS 34 CROSS CREEK PARK  
CITY-ST-ZIP BIRMINGHAM, AL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME LEE, ROBERT T  
STREET ADDRESS 5901 HWY. 52 EAST  
CITY-ST-ZIP HELENA, AL 35080

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Beckley, Mark**  
CITY-ST-ZIP **Po Box 614**  
**Helena, Al 35080**

12. 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 report or supplemental 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 10 or Block 11 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

3/24/04

Date

(205) 620-6200

Daytime Phone #

*B.L. Howard, Jr.*