FILE NOW: FILING FEE AFTER MAY 1 IS $225.00.

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:44

TALLAHASSEE, FLORIDA

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DOCUMENT # G58804

1. Corporation Name
MONEY MAILER OF BREVARD CO. INC

Principal Place of Business
6455 GILLETTE AVE
COCOA FL. 32927

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/9/83
3a. Date of Last Report: MAY 1994

2. Principal Place of Business
21 6455 GILLETTE AVE
22 Suite, Apt #, etc.
23 City & State: COCOA FL
24 Zip: 32927 25 Country: USA

2a. Mailing Address
26 6455 GILLETTE AVE
27 Suite, Apt #, etc.
28 City & State: COCOA FL
29 Zip: 32927 30 Country: USA

4. FEI Number: 59-2331951 — 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

9. Name and Address of Current Registered Agent

JAMES E FLYNN
6455 GILLETTE AVE
COCOA FL 32927

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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: JAMES E FLYNN SEC/TREAS — James E Flynn — 5/8/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: If listed Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	JUDITH H FLYNN	12 NAME	
STREET ADDRESS	6455 GILLETTE AVE	13 STREET ADDRESS	
CITY ST ZIP	COCOA FL. 32927	14 CITY ST ZIP	
TITLE	SEC/TREAS	21 TITLE	☐ Change ☐ Addition
NAME	JAMES E FLYNN	22 NAME	
STREET ADDRESS	6455 GILLETTE AVE	23 STREET ADDRESS	
CITY ST ZIP	COCOA FL. 32927	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	SEC 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: JAMES E FLYNN — James E Flynn — 4/29/95 — 407-639-4873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #