

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
James B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H72672

(9)

1. Corporation Name

ADVERTISING MAIL, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
08/22/1985

3a. Date of Last Report
04/28/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
59-2562965

Applied For
Not Applicable

State Apt # etc.

State Apt # etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for management under § 193.051,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, GLENN F.
1044 6TH AVE. N.
NAPLES FL 33940

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 607.0802 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 607.0805, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	12.2
NAME POWELL, GLENN F. STREET ADDRESS 1044 6TH AVE. N. CITY, STATE, ZIP NAPLES FL	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13.1	13.2
1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 110.07(4)(b), Florida Statutes. I further certify that the information included 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. I have an office or duty in this corporation or the manner or business employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or Block 3 of this report, or as an attachment with an address.

SIGNATURE:

[Signature]

Glenn Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 8126490913