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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H92715

(2)

RETAIL MAIL, INC.

Principal Place of Business

Mailing Address

FILED Apr 09 1998 8:00am Secretary of State



| % DAVID E. 1355 BROOK! VENICE FL 34 | SIDE DRIVE | * DAVID E. JOHNSON 1355 BROOKSIDE DRIVE VEMICE FL 34282 | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 01/03/1986 | S SPACE |
|--|--|---|--------------------------------|--|-----------------------------------|
| | lace of Business | 26. Mailing Address | | 4. FEI Number | Applied For |
| Sulte, Apt. | 4 010 | 26 | | 59-2619467 | Not Applicable |
| 22 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 9 | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30. | urrent year Intangible Yes No |
| | 9. Name and Address of | Current Registered Agent | | 10. Name and Address of New Registered | |
| JOI | HNSON, DAVID E. | | 81 Name | | |
| 135 | 55 BROOKSIDE DRIVE NICE FL 33595 | | 82 Street Ac | ddress (P.O. Box Number is Not Acceptable) | |
| AEI | NICE PL 33080 | | 63 | | |
| | | | 84 City | | 85 Zip Code |
| 11. Pursuant t | to the provisions of Sections (| 607.0502 and 607.1508, Florida Statute | es, the above-named co | orporation submits this statement for the purpose | of changing its registered |
| agent. I a | m familiar with, and accept th | o obligations of, Section 607,0505, Flo | rida Statutes. | orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap | pointment as registered |
| SIGNATURE | Signature, typed or printed name of reg- | and another district the second second | - A - 1 | | |
| 12. | | RS AND DIRECTORS | Registered Agent signature red | quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN | ID DIDECTORS IN 10 |
| TITLE | PD | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AN | Change Addition |
| NAME | JOHNSON, DAVID E. | _ | 1.2 NAME | | C Change C Packeth |
| STREET ADDRESS | 1355 BROOKSIDE DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL | | 1.4 CITY - ST - ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | JOHNSON, SANDRA C | | 2.2 NAME | | _ , _ |
| STREET ADDRESS | 1355 BROOKSIDE DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | ĺ |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | ŀ |
| CITY-ST-ZIP | | | 4 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | • | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| 1 | | | | | |
| CITY-ST-ZIP | | - Incom- | 5.4 CITY-ST-ZIP | | |
| TITLE | * ************************************* | DELETE | 6.1 TITLE | · · · · · · · · · · · · · · · · · · · | ☐ Change ☐ Addition |
| TITLE NAME | | DELETE | 6.1 TITLE 6.2 NAME | · | ☐ Change ☐ Addition |
| TITLE | | DELETE | 6.1 TITLE | · | Change Addition |

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 it enanged. or on an attachment with an address.

SIGNATURE: Land & Van

DAVID E. JOHNSO

4/6/45

941-488-5896