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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H92715**

1. Corporation Name

RETAIL MAIL, INC.

Principal Place of Business	
% DAVID E. JOHNSON 1355 BROOKSIDE DRIVE VENICE FL 34292	

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90077 031 ***150.00



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Principal Place	of Business	Mailing Add	iress						nes Giffe didis mi		
% DAVID E. JOHNSON % DAVID E. JOHNSON 1355 BROOKSIDE DRIVE 1355 BROOKSIDE DRIVE VENICE FL 34292 VENICE FL 34292					DO NOT WRITE IN THIS SPACE						
	No.						3. Date Incorporated or Qualifed 01/03/1986				
2. Principal Pl	ace of Business	2a. Mailing	Address		==		4. FEI.Number		- · <u> - - · ·</u>	olied For-	╬╾
26							59-2619467			Applicable	-
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional Fee Required				
City & State	e	City & S	State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	•	
Zip	Country	Zip		Cour	ntry		8. This corporation owes the curr	ent year Inta		_	
24 25		29	29 30				Personal Property Tax. ☐ Yes ☐ No				1
	9. Name and Address of Curr	rent Registered Ag	ent		- 1		10. Name and Address of New I	Registered /	\gent		┨
					81	Name	,				
Johnson, david e. 1355 Broo <u>kside</u> drive					82	Street Addr	dress (P.O. Box Number is Not Acceptable)				1
VEN!	ICE F(233595)			Ī	83	···					1
				-	84	City			Tes Zin C	ode -	-
					~	City		FL	°° 347	2 92	
SIGNATURE	m familiar with, and accept the obli	agent and title if applicable.		Registered		signature require	d when reinstating)	DATE]
12.	OFFICERS	AND DIRECTORS		13.		,	ADDITIONS/CHANGES TO OF	FICERS AN			վ Չ
TITLE	PD		☐ DELETE	1.1 TIT	LE				Change	☐ Addition	;
NAME	JOHNSON, DAVID E.			1.2 NA	ME						3
STREET ADDRESS	1355 BROOKSIDE DR			1.3 STI	REET	ADDRESS					ļ
CITY-ST-ZIP	VENICE FL		_	1.4 CIT	Y-ST	ZIP					1 3
TITLE	D		☐ DELETE	2.1 TIT	LE				Change	☐ Addition	Ι`
NAME	JOHNSON, SANDRA C.			2.2 NA	ME						
STREET ADDRESS	1355 BROOKSIDE DR			2.3 9π	REET.	ADDRESS -					+
CITY-ST-ZIP	VENICE FL			2.4 CI	TY-ST	-ZIP	<u> </u>		F5 5:		-
TTLE			☐ DELETE	3.1 111	LE				Change	☐ Addition	
NAME				3.2 NA	ME						
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4. CI		-ZIP					-
TITLE			☐ DELETE	4.5 TIT			•		Change	☐ Addition	
NAME				4. 2 NA	ME						1
STREET ADDRESS				4.3 ST	REET.	ADORESS					
CITY-ST-ZIP	<u> </u>			4.4 CIT		ZIP					-
TITLE			☐ DELETE	5.1 TFT					Change	Addition	
NAME				5.2 NA		ADDOCCO					1
STREET ADDRESS						ADDRESS					
CITY+ST-ZIP			□ pcreve	5.4 C/T 6.1 T/T		ZP			[] Change	Addition	1
TITLE			☐ DELETÉ						Change	T] MORION	
NAME				6.2 NA		.Donree					
STREET ADDRESS						ADORESS					
CITY-ST-ZIP				6.4 CIT	Y-ST	·ZIP					1

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, with all other like empowered.

SIGNATURE: