

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

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra H. Northam
Secretary of State
DIVISION OF CORPORATIONS

1995 5-1-95

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K95272** (6)

1. Corporation Name

MAIL PROCESSING ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**225 N FLORIDA AVE
LAKELAND FL 33801
US**

**PO BOX 3933
LAKELAND FL 33802
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/09/1989** 3a. Date of Last Report **03/04/1994**

4. FEI Number **59-2951736** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YELVINGTON, ROBERT
225 N FLORIDA AVE
LAKELAND FL 33801**

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 607.1402 and 607.1404, Florida Statutes, the above named corporate 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

(Signature of Registered Agent or Director)

(Signature of Secretary or Agent for Service of Process)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	YELVINGTON, ROBERT
STREET ADDRESS	911 DAUGHTRY RD. W.
CITY, ST, ZIP	LAKELAND FL 33309
TITLE	DV
NAME	CLARKE, FRANCIS
STREET ADDRESS	3929 OLD RD. 37
CITY, ST, ZIP	LAKELAND FL 33813
TITLE	DST
NAME	YELVINGTON, TERESA
STREET ADDRESS	911 DAUGHTRY RD. W.
CITY, ST, ZIP	LAKELAND FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

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)(b), Florida Statutes. I further certify that the information appearing 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 am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

(Signature of Signing Officer or Director)

Date

(Signature of Secretary)