

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90230 040 ***150.00

DOCUMENT # K95272

1. Corporation Name

MAIL PROCESSING ASSOCIATES, INC.

Principal Place of Business

225 N FLORIDA AVE
LAKELAND FL 33804
US 33815

Mailing Address

PO BOX 3933
LAKELAND FL 33802
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1989

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

YELVINGTON, ROBERT
933 N LINCOLN AVE
LAKELAND FL 33804

33815

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME YELVINGTON, ROBERT
STREET ADDRESS 7201 CATHERINE DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE DV ☒ DELETE

NAME CLARKE, FRANCIS
STREET ADDRESS 3929 OLD RD. 37
CITY-ST-ZIP LAKELAND FL 33813

TITLE DST ☒ DELETE

NAME YELVINGTON, TERESA
STREET ADDRESS 7201 CATHERINE DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 33810
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DV
2.3 STREET ADDRESS Yelvington, Teresa
2.4 CITY-ST-ZIP 7201 Catherine Drive
Lakeland FL 33810

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
← 33810

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME DS
4.3 STREET ADDRESS Richard Hubbard
4.4 CITY-ST-ZIP 1602 Lehall Square N
Lakeland FL 33810

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Teresa L. Yelvington

Vice-President

02/25/98

(941)687-6945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0433364