


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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS													
DOCUMENT # L 54868 1. Corporation Name EASY MAIL WEST, INC																	
Principal Place of Business 1717 APALACHEE PARKWAY TALLAHASSEE FL 32301			Mailing Address 1717 APALACHEE PARKWAY TALLAHASSEE FL 32301														
2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 3-5-90 3a. Date of Last Report 3-27-96 4. FEI Number 593002285 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
9. Name and Address of Current Registered Agent LARRY D GOOD 5800 OLD FORGE CT TALLAHASSEE FL 32311			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: <u>Larry D. Good</u> <u>Larry D. Good President</u> <u>3-7-97</u> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																	
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE PRESIDENT <input type="checkbox"/> DELETE NAME LARRY D. GOOD STREET ADDRESS 5800 OLD FORGE CT CITY-STATE-ZIP TALLAHASSEE FL 32311 </td> <td style="width:50%;"> 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP </td> </tr> <tr> <td> TITLE JUDY K GOOD Vice President <input type="checkbox"/> DELETE NAME 5800 OLD FORGE CT STREET ADDRESS TALLAHASSEE FL 32311 CITY-STATE-ZIP </td> <td> 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP </td> </tr> <tr> <td> TITLE BRUCE D GOOD Vice President <input type="checkbox"/> DELETE NAME 3078 HONOR LANE STREET ADDRESS TALLAHASSEE FL 32301 CITY-STATE-ZIP </td> <td> 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP </td> </tr> </table>			TITLE PRESIDENT <input type="checkbox"/> DELETE NAME LARRY D. GOOD STREET ADDRESS 5800 OLD FORGE CT CITY-STATE-ZIP TALLAHASSEE FL 32311	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP	TITLE JUDY K GOOD Vice President <input type="checkbox"/> DELETE NAME 5800 OLD FORGE CT STREET ADDRESS TALLAHASSEE FL 32311 CITY-STATE-ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	TITLE BRUCE D GOOD Vice President <input type="checkbox"/> DELETE NAME 3078 HONOR LANE STREET ADDRESS TALLAHASSEE FL 32301 CITY-STATE-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition VB 3-13 800002113238 -03/14/97--01004--025 ***330.00		
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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.																	
SIGNATURE: <u>Larry D. Good</u> <u>Larry D. Good President</u> <u>3-7-97</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																	

CR2E034 (9/96)