

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L55788** (8)

1. Corporation Name

FLORIDA PRESORT & MAIL SERVICES, INC.



Principal Place of Business

5971 ANNO AVE
ORLANDO FL 32809-4164
US

Mailing Address

5971 ANNO AVE
ORLANDO FL 32809-4164
US

2. Principal Place of Business

2a. Mailing Address

21 6015 Anno Avenue

26 P.O. Box 593111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, FL

28 Orlando, FL

24

29

Zip

Zip

Country

Country

32809

32859

U.S.A.

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/26/1990

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2994151

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

DANA, JOSEPH
3101 66 WAY NORTH
ST PETERSBURG FL 33710

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVP ☐ DELETE

NAME DANA, PATRICIA
STREET ADDRESS 3101 66 WAY NORTH
CITY-STATE-ZIP ST PETERSBURG FL

TITLE ST ☐ DELETE

NAME DANA, JOSEPH
STREET ADDRESS 3101 66 WAY NORTH
CITY-STATE-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Secretary ☒ Change ☐ Addition

1.2 NAME Patricia Dana McKenney
1.3 STREET ADDRESS 3745 Gatewood Drive
1.4 CITY-STATE-ZIP Port Orange, FL 32119

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Michael McKenney
2.3 STREET ADDRESS 3745 Gatewood Drive
2.4 CITY-STATE-ZIP Port Orange, FL 32119

3.1 TITLE Treasurer ☒ Change ☐ Addition

3.2 NAME Joseph Dana
3.3 STREET ADDRESS 3101 66 Way North
3.4 CITY-STATE-ZIP St. Petersburg, FL 33710

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

407-240-2234

CR2E034 (12/95)