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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L82885 (9)
1. Corporation Name
MAILING MACHINE SERVICE, INC.

Principal Place of Business Mailing Address
MAILING MACHINE SERVICE MAILING MACHINE SERVICE INC.
1400 49TH AVE NE 1400 49TH AVE NE
ST. PETE FL 33703 ST PETE FL 33703
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1990
4. FEI Number
59-3018600
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 3340 SCHERER DR. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 UNIT C 27
City & State City & State
23 ST. PETERSBURG, FL 28
Zip Country Zip Country
24 33716 25 USA 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
WERNER, TODD C
1400 49TH AVE NE
ST PETERSBURG FL 33703
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 *Todd C. Werner* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D 1.1 TITLE
NAME WERNER, TODD C. 1.2 NAME
STREET ADDRESS 1400 49TH AVE NE 1.3 STREET ADDRESS
CITY - ST - ZIP ST PETERSBURG FL 1.4 CITY - ST - ZIP
TITLE ☐ DELETE 2.1 TITLE
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY - ST - ZIP 2.4 CITY - ST - ZIP
TITLE ☐ DELETE 3.1 TITLE
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY - ST - ZIP 3.4 CITY - ST - ZIP
TITLE ☐ DELETE 4.1 TITLE
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY - ST - ZIP 4.4 CITY - ST - ZIP
TITLE ☐ DELETE 5.1 TITLE
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY - ST - ZIP 5.4 CITY - ST - ZIP
TITLE ☐ DELETE 6.1 TITLE
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY - ST - ZIP 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.

SIGNATURE *Todd C. Werner*

CR2E034 (10/97)