FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 8:15

DOCUMENT # **L95850** (8)

1. Corporation Name
MAILING SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
849 NORTHWEST 24TH COURT OCALA FL 32675	849 NORTHWEST 24TH COURT OCALA FL 32675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/20/1990	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 5431 NE Silv Spr Blvd	26 5431 NE Silv Spr Blvd
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Silver Springs FL	City & State 28 SIlver Springs FL
Zip / County 24 34488 / 25	Zip / County 29 34488 / 30

4. FEI Number: 59-3023354 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUCKER, RANDOLPH 118 S.W. FORT KING STREET OCALA FL 32670	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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STUBITS, RICHARD	12 NAME	
STREET ADDRESS	11902 SE 123RD AVE	13 STREET ADDRESS	
CITY ST ZIP	OCKLAWAHA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	HAYES, HOWARD	22 NAME	
STREET ADDRESS	2 NE 50TH AVE	23 STREET ADDRESS	2980 NE 36th Lane
CITY ST ZIP	OCALA FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	DALLON, SCOTT	32 NAME	
STREET ADDRESS	4572 S.E. 37TH COURT	33 STREET ADDRESS	
CITY ST ZIP	OCALA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Scott Dallon, Sec/Treas. 904-236-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0355144 CP