

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M73698** (6)

1. Corporation Name
MAIL RTE, INC.



Principal Place of Business: **5694 W. CRENSHAW TAMPA FL 33634**
Mailing Address: **5694 W. CRENSHAW TAMPA FL 33634**

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | State, Apt. #, etc. | 26 | State, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | | 30 | Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/24/1988 | 3a. Date of Last Report 04/28/1995 |
| 4. FID Number 59-2878892 | Applied For <input type="checkbox"/> 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**JONES, TONY
5694 W. CRENSHAW
TAMPA FL 33634**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of the person making this statement (Signature of the registered agent is not required)

Date of Signature (Date of Signature of the registered agent is not required)

Date

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------|---------------------------------|
| TITLE | CEO | <input type="checkbox"/> DELETE |
| NAME | JONES, TONY | |
| STREET ADDRESS | 1872 DAIQUIRI LANE | |
| CITY-ST-ZIP | LUTZ FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | JONES, TIMOTHY | |
| STREET ADDRESS | 1872 DAIQUIRI LANE | |
| CITY-ST-ZIP | LUTZ FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | JONES, LONI | |
| STREET ADDRESS | 1872 DAIQUIRI LN | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | KOEN, TERRY | |
| STREET ADDRESS | 12712 HOLYOKE AVE. | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | WELLS, VAN | |
| STREET ADDRESS | 1107 ESTATESWOOD DR. | |
| CITY-ST-ZIP | BRANDON FL 33510 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CROWE, KATHERINE | |
| STREET ADDRESS | 9619 SHELDONWOOD RD | |
| CITY-ST-ZIP | TAMPA FL 33635 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 11 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 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 statute in Section 119.07(3)(g), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 813-885-0141
DATE

CR2E034 (12/95)