

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

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**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M73698 (6)

1. Corporation Name
MAIL RITE, INC.



Principal Place of Business 5694 W. CRENSHAW TAMPA FL 33634	Mailing Address 5694 W. CRENSHAW TAMPA FL 33634-3013
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3. Date Incorporated or Qualified 03/24/1988	3a. Date of Last Report 04/09/1996
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2. Principal Place of Business 21 5134 W. IOLEWILD Suite, Apt. #, etc.	2a. Mailing Address 26 5134 W. IOLEWILD Suite, Apt. #, etc.
22 City & State TAMPA FL	27 City & State TAMPA FL
24 Zip 33634	25 Country HILLSBOROUGH
29 Zip 33634	30 Country HILLSBOROUGH

4. FEI 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JONES, TONY
5694 W. CRENSHAW
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name JONES, TIM
82 Street Address (P.O. Box Number is Not Acceptable) 5134 W. IOLEWILD
83
84 City TAMPA
85 Zip Code 33634

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: *Tim Jones* **TIM JONES, PRESIDENT** DATE: **1/15/97**

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 checked="" 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

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID JONES	
1.3 STREET ADDRESS	6414 CASITAS CT #108	
1.4 CITY - ST - ZIP	TAMPA, FL 33634	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *Tim Jones* **TIM JONES** DATE: **1/15/97** Daytime Phone #: **882-0791**

CR2E034 (9/96)