

2-9-98 B 1718 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 09 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

DOCUMENT # M73698 (6)
 1. Corporation Name
MAIL RITE, INC.



Principal Place of Business Mailing Address
5134 W IDLEWILD TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
03/24/1988
 4. FEI Number Applied For
59-2878892 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

9. Name and Address of Current Registered Agent
JONES, TONY
5134 W IDLEWILD
TAMPA FL 33634

10. Name and Address of New Registered Agent
 81 Name **TIM JONES**
 82 Street Address (P.O. Box Number is Not Acceptable)
5134 W. IDLEWILD
 83
 84 City **TAMPA** FL 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 *[Signature]* **Tim Jones** **2/2/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	VD
NAME	JONES, TONY	1.2 NAME	TAMMY JONES
STREET ADDRESS	1872 DAIQUIRI LANE	1.3 STREET ADDRESS	7031 MONTERON LN
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	TAMPA FL 33625
TITLE	P	2.1 TITLE	VD
NAME	JONES, TIMOTHY	2.2 NAME	BARBARA HESLIN
STREET ADDRESS	1872 DAIQUIRI LANE	2.3 STREET ADDRESS	4026 FALKENBURG RD
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	TAMPA FL 33610
TITLE	ST	3.1 TITLE	VD
NAME	JONES, LONI	3.2 NAME	CHASITY HESLIN
STREET ADDRESS	1872 DAIQUIRI LN	3.3 STREET ADDRESS	4026 FALKENBURG RD
CITY-ST-ZIP	LUTZ FL 33549	3.4 CITY-ST-ZIP	TAMPA FL 33610
TITLE	VD	4.1 TITLE	
NAME	KOEN, TERRY	4.2 NAME	
STREET ADDRESS	12712 HOLYOKE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	WELLS, VAN	5.2 NAME	
STREET ADDRESS	1107 ESTATESWOOD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33510	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	JONES, DAVID	6.2 NAME	
STREET ADDRESS	6414 CASITAS CT #108	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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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: *[Signature]* **2/2/98** **882-0791**

CR2E034 (10/97)