FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY 25 AM 11:02

DOCUMENT # N16274 (5)

1. Corporation Name

LETTER CARRIER HOLDING CORPORATION, BRANCH 2689, INC.

Principal Place of Business	Mailing Address
1497 GUAVA AVE MELBOURNE FL 32935 US	PO BOX 372316 SATELLITE BEACH FL 32937-0016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1986
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-6194534 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

FASHANO,RONALD A.
~~3025-A THRUSH DR~~
~~APT 202~~
~~MELBOURNE FL 32935~~
521 Palmetto Dr.
Melbourne, FL 32935

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	SCKIPP, PETER	12 NAME	
STREET ADDRESS	3120 SABINA TERR	13 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, MICHAEL C	22 NAME	
STREET ADDRESS	305 7TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	24 CITY-ST-ZIP	
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	FASHANO, RONALD A.	32 NAME	
STREET ADDRESS	3025-A THRUSH DR, APT 202	33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	PEARSON, GEORGE	42 NAME	
STREET ADDRESS	104 KINGS WAY	43 STREET ADDRESS	520 Sheridan Avenue
CITY-ST-ZIP	SATELLITE BCH FL	44 CITY-ST-ZIP	Satellite Bch, Fl. 32937
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SHEEHAN, DANIEL	52 NAME	
STREET ADDRESS	811 HUNAN STR NE	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, GARY R	62 NAME	
STREET ADDRESS	2621 WRIGHT AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/9/95 407 242-2682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0056080