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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

08/11/1986

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FASHANO, RONALD A.
521 PALMETTO DR.
SPT 202
MELBOURNE FL 32935**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ronald A. Fashano
Signature, typed or printed name of registered agent and title if applicable.

RONALD A. FASHANO
(NOTE: Registered Agent signature required when reinstating)

6 JAN 98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **P**
STREET ADDRESS **SCKIPP, PETER**
CITY-ST-ZIP **3120 SABINA TERR
MELBOURNE FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **SMITH, MICHAEL C**
CITY-ST-ZIP **305 7TH AVE
INDIALANTIC FL**

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **FASHNAO, RONALD A.**
CITY-ST-ZIP **521 PALMETTO DRIVE
MELBOURNE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PEARSON, GEORGE**
CITY-ST-ZIP **520 SHERIDAN AVENUE
SATELLITE BCH FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SHEEHAN, DANIEL**
CITY-ST-ZIP **811 HUNAN STR NE
PALM BAY FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **JOHNSON, GARY R**
CITY-ST-ZIP **2621 WRIGHT AVE
MELBOURNE FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **P**
1.3 STREET ADDRESS **MICHAEL MONOPOLI, MICHAEL**
1.4 CITY-ST-ZIP **969 SONESTA AVE NE
PALM BAY, FL 32906**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **TR**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **S**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *GARY R. JOHNSON*

6 JAN 98

(407) 254-1031

CR2E037 (10/97)