

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90181 015 ****61.25

DOCUMENT # N16274

1. Corporation Name

**LETTER CARRIER HOLDING CORPORATION, BRANCH 2689,
INC.**

Principal Place of Business

1497 GUAYA AVE
MELBOURNE FL 32935
US

Mailing Address

PO BOX 372316
SATELLITE BEACH FL 32937-0016
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

FASHANO, RONALD A.
521 PALMETTO DR.
SPT 202
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 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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

President

(NOTE: Registered Agent signature required when reinstating)

5/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS MONOPOLI, MICHAEL
CITY-ST-ZIP 469 SONESTA AVE NE
PALM BAY FL 32905

TITLE ☒ DELETE
NAME TR
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 S
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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME TR
2.3 STREET ADDRESS LOVETT, JOHN B
2.4 CITY-ST-ZIP 1249 CANNON ST
MELBOURNE, FL 32935

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
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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAY 99 (407) 259-6965
Date Daytime Phone #

CR2E037 (11/98)