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Feb 23 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 # **N37096** (7)

1. Corporation Name

LEE COUNTY LETTER CARRIERS, INC.

Principal Place of Business

Mailing Address

**2520 HUNTER TERR.
FORT MYERS FL 33901**

**P.O. BOX 60072
FORT MYERS FL 33906**



3. Date Incorporated or Qualified

03/01/1990

4. FEI Number

65-0258103

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANN, BEVERLY L
5233 CEDARBEND DR. #2
FORT MYERS FL 33919**

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **ZESKE, TOM**
STREET ADDRESS **3312 SE 22 PL**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☒ DELETE
NAME **OHARRA, JOHN**
STREET ADDRESS **5439 PARKER DR.**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ DELETE
NAME **MANN, BEVERLY**
STREET ADDRESS **5233-2 CEDARBEND DR**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **Director** ☒ Change ☐ Addition
1.2 NAME **Chris Johnson**
1.3 STREET ADDRESS **4160 Williamson Rd.**
1.4 CITY-ST-ZIP **Fort Myers, FL 33905**

2.1 TITLE **Director** ☒ Change ☐ Addition
2.2 NAME **Dawn Prosser**
2.3 STREET ADDRESS **2324 20512 Ln.**
2.4 CITY-ST-ZIP **N. Ft. Myers, FL 33917**

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.

SIGNATURE

[Signature]

2-1698

941 277 7695

CR2E037 (10/97)