

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**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90119 031 \*\*\*\*61.25

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**DOCUMENT # N37096**

1. Corporation Name

**LEE COUNTY LETTER CARRIERS, INC.**

Principal Place of Business

2520 HUNTER TERR.  
FORT MYERS FL 33901

Mailing Address

P.O. BOX 60072  
FORT MYERS FL 33906



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**03/01/1990**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**65-0258103**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 25 29 30

9. 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 **JOHN DUNLEAVY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4672 SKATES CIR**  
83  
84 City **FT MYERS** FL 85 Zip Code **33905**

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

*John Dunleavy*

**JOHN DUNLEAVY SEC/TRES.**

**1/14/99**

Signature, typed 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 ☐ DELETE  
NAME **D JOHNSON, CHRIS**  
STREET ADDRESS **4160 WILLIAMSON RD**  
CITY-ST-ZIP **FT MYERS FL 33905**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **SEC/TRES**  
1.3 STREET ADDRESS **JOHN DUNLEAVY**  
1.4 CITY-ST-ZIP **4672 SKATES CIR FT MYERS FL 33905**

TITLE ☐ DELETE  
NAME **D PROSSER, DAWN**  
STREET ADDRESS **2324 ZOYSIA LN**  
CITY-ST-ZIP **N FT MYERS FL 33917**

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: *John Dunleavy* **JOHN DUNLEAVY**

**1/14/99 9416932395**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)