FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR -7 AM 11:00

DOCUMENT # **P92000003706 (8)**

1. Corporation Name
APPLIED MAILING CONCEPTS, INC.

Principal Place of Business	Mailing Address
~~10105 AMBERWOOD ROAD~~ ~~SUITE 6~~ ~~FT. MYERS FL 33913-6511~~ ~~US~~	~~10105 AMBERWOOD ROAD~~ ~~SUITE 6~~ ~~FT. MYERS FL 33913-6511~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/12/1992
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21: 1444 Dubonnet Ct
22: Suite, Apt. #, etc.
23: City & State: Fort Myer FL
24: Zip: 33919 — 25: Country

2a. Mailing Address
26: 1444 Dubonnet Ct
27: Suite, Apt. #, etc.
28: City & State: Fort Myers FL.
29: Zip: 33919 — 30: Country

4. FEI Number: 65-0372500 — ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORSE, FRANK R
~~10105 AMBERWOOD ROAD~~
~~SUITE 6~~
~~FT. MYERS FL 33913~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5838 Sunnyside Lane
83
84 City: Fort Myers — FL — 85 Zip Code: 33919

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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MORSE, FRANK R	1.2 NAME	
STREET ADDRESS	5838 SUNNYSIDE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	WARD, STEPHEN G	2.2 NAME	
STREET ADDRESS	11500 TIMBERLINE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	VTS	3.1 TITLE	☐ Change ☐ Addition
NAME	MORSE, JOHN J	3.2 NAME	
STREET ADDRESS	1444 DUBONNET CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. L. Morse Vice Pres/Treas/Sec 3/15/95 813-768-1475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

033380Y CP