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 JUN 13 AM 8:58

DOCUMENT # **P94000012508 (5)**

1. Corporation Name
AUTOMATED PRESORT, INC.

Principal Place of Business	Mailing Address
3300 HENDERSON BLVD. SUITE 205 TAMPA FL 33609	3300 HENDERSON BLVD. SUITE 205 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3225272 ☐ Applied For ☐ Not Applicable
21: 5477 JET PORT INDUSTRIAL BLVD	26: 5477 JET PORT INDUSTRIAL BLVD.	
Suite, Apt. #, etc.: 22: —	Suite, Apt. #, etc.: 27: —	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State: 23: TAMPA, FLORIDA	City & State: 28: TAMPA, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip: 24: 33634 Country: 25: —	Zip: 29: 33634 Country: 30: —	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDBERG, CRAIG R
3300 HENDERSON BLVD.
SUITE 205
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: GOLDBERG, CRAIG R.
82 Street Address (P.O. Box Number is Not Acceptable): 5477 JET PORT INDUSTRIAL BLVD.
83:
84 City: TAMPA FL 85 Zip Code: 33634

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: X Craig R Goldberg — Craig R Goldberg — June 9 1995
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	DPS	11 TITLE	DPS ☒ Change ☐ Addition
NAME	GOLDBERG, CRAIG	12 NAME	GOLDBERG, CRAIG R.
STREET ADDRESS	3300 HENDERSON BLVD., STE. 205	13 STREET ADDRESS	5477 JET PORT INDUSTRIAL BLVD
CITY ST ZIP	TAMPA FL 33609	14 CITY ST ZIP	TAMPA, FL 33634
TITLE	CEOT	21 TITLE	CEOT ☒ Change ☐ Addition
NAME	LOWRY, W. LOPER	22 NAME	LOWRY, W. LOPER
STREET ADDRESS	3300 HENDERSON BLVD., STE. 205	23 STREET ADDRESS	5477 JET PORT INDUSTRIAL BLVD
CITY ST ZIP	TAMPA FL 33609	24 CITY ST ZIP	TAMPA, FL 33634
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: W Loper Lowry — W. Loper Lowry, CEO/Treasurer — 9 June 95 — (813)887-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0203864 CP