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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P94000045984 (9)

SHIP-N-MAIL, INC.

Mailing Address

## FILED Feb 05 1998 8:00am Secretary of State



|  | e of Business                    |  | Mailing Address  |  |  | Į.                                      |                      |   |                  |                          |                        |                                  |
|--|----------------------------------|--|--|--|--|---|----------------------|---|------------------|--------------------------|------------------------|----------------------------------|
| 2148 SADLER  |                                  |  | 2148 SADLER ROAL   |  |  | l                                       |                      |   |                  |                          |                        |                                  |
| AMELIA ISLAI   | ND FL 32034                      |  | amelia island fl   | . 32034  |  |   |                      | DO NOT MIDITE   |                  | *D40E                    |                        |                                  |
| İ  |                                  |  |  |  |  | -                                       | Date Incorporate     | OO NOT WRITE  | IN THIS S        | SPACE                    |                        |                                  |
|  |                                  |  |  |  |  | 3                                       | 06/21/1994           | a or Qualined   |                  |                          |                        |                                  |
| 2. Principal P   | tace of Business                 | 11 (21 1                                 | 2a. Mailing Address  |  | / 0.   | . 4                                     | , FEI Number         |   |                  |                          | Applied                | For                              |
| 21 192   | 1 5. K                           | m Street                                 | <sup>1</sup> 26 1427 (   | 5. J4H   | t Stree  | 1                                       | 59-324630            | 4   |                  |                          | Not Appl               | licable                          |
| Suite, Apt.  | #, etc.                          |  | Suite, Apt. #, etc   |  |  |   | . Certificate of Sta | tus Desirod   |                  | \$8.7                    | 5 Additio              | nai                              |
| 22   |                                  |  | 27   |  |  |   | , Ceranicale of Sta  | us Desireu  |                  | Fee                      | Required               | <u> </u>                         |
| City & State   | e                                | ~/ · /                                   | City & State .   | A #17 2  | <u>-</u>   | 6                                       | Election Campal      | gn Financing  |                  | \$5.0                    | 00 May E               | <br>Зе                           |
| 23 Fernan  | dina bouch                       | -lorida                                  | 28 Fernandina  | Buch F   | INIDO  |   | Trust Fund Contr     | ibution   |                  | Add                      | ed to Fee              | s                                |
| Zip  |                                  | untry                                    | Zip  |  | untry  | 8                                       | . This corporation   | owes or has pa  |                  |                          | Intangible             | е                                |
| 24 3202  |                                  | Vassaer                                  | 29 30034   | 30   | Nassau   |   | Personal Propert     |   |                  | Yes                      | ☐ No                   |                                  |
|  |                                  | idress of Current                        | Registered Agent   |  |  | 10                                      | Name and Addr        | ess of New Re   | gistered /       | \gent                    |                        |                                  |
|  | IPPER, JULIE M.                  |  |  |  | 81 Name  |   |                      |   |                  |                          |                        |                                  |
| 372  | 27 Crews Cree                    | K RD.                                    |  |  | 82 Street  | Address /                               | P.O. Box Number i    | s Not Accentate   | اهار             |                          |                        |                                  |
| YU   | LEE FL 32097                     |  |  |  | 000.   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 1001 1001 1001 1   | 5 (10t) (800ptae  |                  |                          |                        |                                  |
|  |                                  |  |  |  | 83   |   |                      |   |                  |                          |                        |                                  |
|  |                                  |  |  |  |  |   |                      |   |                  | 11                       |                        |                                  |
|  |                                  |  |  |  | 84 City  |   |                      |   | FI               | <b>85</b> 2              | ip Code                |                                  |
| 11 Pursuant  | to the provisions of             | Sections 607.0502                        | and 607,1508, Florida S  | Statutes, the a  | bove-named   | corporation                             | on submits this star | ement for the p   | urpose of        | changin                  | a its reais            | stered                           |
| office or re   | egistered agent, or              | both, in the State o                     | and 607,1508, Florida S<br>if Florida, Such change<br>ions of, Section 607,050 | was authorize  | ed by the corp   | poration's                              | board of directors.  | I hereby accep  | ot the appo      | ointment                 | as registe             | ered                             |
| <b>,</b>   | m tamiliar with, and             | accept the obligati                      | ions of, Section 607.050   | is, riorida sia  | Kutes.   |   |                      |   |                  |                          |                        |                                  |
| SIGNATURE  |                                  |  |  |  |  |   |                      |   |                  |                          |                        |                                  |
| SIGNATURE  | Stonature, tuned or odoted       | name of registered spect                 | and title if applicable  | INOTE Registers  | ad Agent signature   | a reculred who                          | en reinstation\      |   | DATE             |                          |                        |                                  |
|  | Signature, typed or printed      | name of registered agent                 |  |  | ed Agent signature   |   |                      | IGES TO OFFIC   | DATE<br>SERS AND | DIRECT                   | ORS IN 1               | 2                                |
| 12.  | Signature, typed or printed      | name of registered agent<br>OFFICERS AND | DIRECTORS  | 13.  |  |   | ADDITIONS/CHAN       | IGES TO OFFIC   | ERS AND          | DIRECT                   | ORS IN 1               |                                  |
| 12.<br>TITLE   | PD                               | OFFICERS AND                             |  | 13.<br>E 1.1 T   | TILE   |   | ADDITIONS/CHAN       | iges to offic   | ERS AND          | DIRECT<br>Chang          | ORS IN 1               | 12<br>Addition                   |
| 12.<br>TITLE<br>NAME   |                                  | OFFICERS AND                             | DIRECTORS  | 13.<br>E 1.1 T<br>1.2 N  | ITLE<br>IAME   |   | ADDITIONS/CHAN       | iges to office<br>Jree  | ERS AND          | DIRECT<br>Chang          | ORS IN 1               |                                  |
| 12. TITLE NAME STREET ADDRESS  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  | 13.<br>E 1.1 T<br>1.2 N<br>1.3 S   | ITLE<br>VAME<br>STREET ADDRESS   |   | ADDITIONS/CHAN       | iges to office<br>ulie S<br>Stree   | ERS AND          | DIRECT Chang             | ORS IN 1               |                                  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>SKIPPER, JUL               | OFFICERS AND                             | DIRECTORS  DELETI  | 13.<br>E 1.1 Y<br>1.2 N<br>1.3 S<br>1.4 C  | ITLE<br>IAME<br>STREET ADDRESS<br>SITY-ST-ZIP  |   |                      | iges to office<br>Jitree<br>Stree   | ERS AND          | DIRECT<br>Change         | 36 □A                  | Addition                         |
| 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  | 13.<br>E 1.1 T<br>1.2 N<br>1.3 S<br>1.4 C<br>E 2.1 T   | ITLE<br>IAME<br>TREET ADDRESS<br>HTY-ST-ZIP  |   | ADDITIONS/CHAN       | iges to office S<br>Street<br>ich, Flori  | ERS AND          | DIRECT Change            | 36 □A                  |                                  |
| 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME   | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  | 13.<br>E 1.1 T<br>1.2 N<br>1.3 S<br>1.4 C<br>E 2.1 T<br>2.2 N  | ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  IAME   |   | ADDITIONS/CHAN       | iges to office S<br>Three<br>och, Flori   | ERS AND          | DIRECT<br>Chang<br>Chang | 36 □A                  | Addition                         |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  | ## 13.  ## 1.1 T    1.2 N    1.3 S    1.4 C    2.1 T    2.2 N   2.3 S  | ITLE  VAME  STREET ADDRESS  STY-ST-ZIP  ITLE  IAME  STREET ADDRESS   |   | ADDITIONS/CHAN       | iges to office S<br>Three<br>Stree<br>Stree   | ERS AND          | DIRECT<br>Chang<br>3203  | 36 □A                  | Addition                         |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  | 13.5 1.4 C 2.1 T 2.2 N 2.3 S 2.44  | ITLE  IAME  ITTY-ST-ZIP  ITLE  IAME  IAME  IAME  ITTET  IAME  ITTET  IAME  ITTET  IAME  ITTET  ITTET  IAME  ITTET  ITTET  IAME  ITTET  IAME  ITTET  IAME  ITTET  IAME  ITTET  IAME   |   | ADDITIONS/CHAN       | iges to office S<br>Three<br>Stree<br>Stree   | ERS AND          | Chang                    | ge □ A<br>34<br>ge □ A | Addition                         |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  | 13.<br>E 1.1 T 12.N 1.3 S 1.4 C 2.1 T 22.N 2.3 S 2.4 C E 3.1 T   | ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITLE  |   | ADDITIONS/CHAN       | iges to office S<br>Three<br>Stree<br>Stree   | ERS AND          | DIRECT Chang             | ge □ A<br>34<br>ge □ A | Addition                         |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  | 13.5 1.4 C 2.1 T 2.2 N 2.3 S 2.44  | ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITLE  |   | ADDITIONS/CHAN       | iges to office Stree  | ERS AND          | Chang                    | ge □ A<br>34<br>ge □ A | Addition                         |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  | 13.<br>E 1.1 T 12.N 1.3 S 1.4 C 2.1 T 22.N 2.3 S 2.4 C E 3.1 T 3.2 N   | ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITLE  |   | ADDITIONS/CHAN       | iges to office Stree  | ERS AND          | Chang                    | ge □ A<br>34<br>ge □ A | Addition                         |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  | E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 C  | ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITLE  ITLE  |   | ADDITIONS/CHAN       | iges to office Stree  | ERS AND          | Chang                    | ge A                   | Addition<br>Addition<br>Addition |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  | E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 C E 4.1 T 4.2 F  | ITLE  IAME  STREET ADDRESS  SITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  STREET ADDRESS  CITY-ST-ZIP  ITLE   |   | ADDITIONS/CHAN       | iges to office Stree  | ERS AND          | Chang                    | ge A                   | Addition<br>Addition             |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  | E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 C E 4.1 T 4.2 E 4.3 S  | ITLE  IAME  STREET ADDRESS  SITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  ITLE  ITLE  VAME  |   | ADDITIONS/CHAN       | iges to office so the son of the | ERS AND          | Chang                    | ge A                   | Addition<br>Addition<br>Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  | E 13.1 1.1 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 L E 3.1 T 3.2 N 3.3 S 3.4 C E 4.1 T 4.2 L 4.3 S 4.4 C   | ITLE  IAME  STREET ADDRESS  STY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  STY-ST-ZIP  ITLE  IAME  STREET ADDRESS  STY-ST-ZIP   |   | ADDITIONS/CHAN       | iges to office so street  | ers and          | Chang                    | ge A                   | Addition<br>Addition             |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT TO THE TOTAL TO THE TOTA | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  DELETI  | E 13.1 T 22N 23S 2.41 E 3.1 T 3.2 N 3.3 S 3.4.0 E 4.1 T 4.2 I 4.3 S 4.4 G  | ITLE  IAME  STREET ADDRESS  STY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  NAME  STREET ADDRESS  STY-ST-ZIP  ITLE   |   | ADDITIONS/CHAN       | iges to office so street  | ers and          | Chang                    | ge A                   | Addition  Addition  Addition     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  DELETI  | E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 C E 4.1 T 4.2 C 4.3 S 4.4 C E 5.1 T 5.2 N  | ITLE  IAME  STREET ADDRESS  STY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  NAME  STREET ADDRESS  STY-ST-ZIP  ITLE  AME  AME  AME  AME  AME  AME  AME  |   | ADDITIONS/CHAN       | iges to office so street  | ers and          | Chang                    | ge A                   | Addition  Addition               |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  DELETI  | E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 C E 4.1 T 4.2 P 4.3 S 4.4 C E 5.1 T 5.2 N 5.3 S  | ITLE  IAME  STREET ADDRESS  STY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  VAME  STREET ADDRESS  STY-ST-ZIP  ITLE  AME  STREET ADDRESS   |   | ADDITIONS/CHAN       | iges to office Significantly for the second | ers and          | Chang                    | ge A                   | Addition  Addition  Addition     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  DELETI  DELETI                                      | E 13.1 T 22N 23S 2.41 E 3.1 T 4.2 N 4.3 S 4.4 C E 5.1 T 52N 53S 5.4 C 5.4 C 5.3 S 5.4 C 5.4 C 5.3 S 5.4 C 5.4 C 5.3 S 5.4 C 5.4 C 5.4 C 5.4 C 5.3 S 5.4 C 5. | ITLE  IMME  STREET ADDRESS  STY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  STY-ST-ZIP   |   | ADDITIONS/CHAN       | iges to office S<br>Three<br>Stree  | ers and          | Chang                    | ge A                   | Addition  Addition  Addition     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  DELETI  | E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 C E 4.1 T 4.2 P 4.3 S 4.4 C E 5.1 T 5.2 N 5.3 S 5.4 C E 6.1 T 5.2 N 5.3 S 5.4 C E 6.1 T 5.3 C E 6.1 T 5.1 C E 6.1 T 5.3 C E 6.1 T 5.1  | ITLE  IAME  STREET ADDRESS  STY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE   |   | ADDITIONS/CHAN       | iges to office S<br>Three<br>Stree  | ers and          | Chang                    | ge A                   | Addition  Addition               |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | PD<br>SKIPPER, JUL<br>3727 CREWS | OFFICERS AND                             | DIRECTORS  DELETI  DELETI  DELETI  DELETI                                      | E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 C E 4.1 T 4.2 P 4.3 S 4.4 C E 5.1 T 5.2 N 5.3 S 5.4 C E 6.1 T 6.2 N 6. | ITLE  IAME  STREET ADDRESS  STY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE   | ADDITIONS/CHAN       | iges to office S<br>Three<br>Stree<br>Stree   | ers and          | Chang                    | ge A                   | Addition  Addition  Addition     |
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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.

CICNIATUDE.

July S. Edward - Julie S. Edward

1-30-98 27

277 5625