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

APPROVED AND FILED

95 APR 28 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047927 (6)**

1. Corporation Name
POMPANO POSTAL SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
~~1200 S POWERLINE RD~~ POMPANO BEACH FL 33069	~~1200 S POWERLINE RD~~ POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 2801 N. Course Dr.	26 2801 N. Course Dr.
Suite, Apt. #, etc. 22 L-102	Suite, Apt. #, etc. 27 L-102
City & State 23 Pompano Bch., FL	City & State 28 Pompano Bch., FL
Zip / Country 24 33069 / 25 Broward	Zip / County 29 33069 / 30 Broward

4. FEI Number: 65-0500889 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~BARNES, KIRK~~
~~1200 SOUTH POWERLINE ROAD~~
~~POMPANO BEACH FL 33069~~

10. Name and Address of New Registered Agent

81 Name: Barnes, Kirk
82 Street Address (P.O. Box Number is Not Acceptable): 2801 N. Course Dr.
83: L-102
84 City: Pompano Bch., **FL** 85 Zip Code: 33069

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P , D , C ☒ Change ☐ Addition
NAME	BARNES, KIRK	12 NAME	Barnes, Kirk
STREET ADDRESS	~~20801 N COURSE DR #L 102~~	13 STREET ADDRESS	2801 N. Course Dr. L-102
CITY-ST-ZIP	POMPANO BEACH FL 33069	14 CITY ST ZIP	Pompano Bch., FL 33069
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
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: Kirk Barnes PDC — 4/29/95 — 305-979-8326
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0112007 CP