

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90152 007 \*\*\*150.00

04-14-1999 90152 008 \*\*\*\*\*8.75

DOCUMENT # P94000056545

1. Corporation Name  
JOHN J. POSTAL, INC.

Principal Place of Business

1420 ST LUCIE WEST BLVD  
SUITE 101  
PORT ST LUCIE FL 34986  
US

Mailing Address

1420 ST LUCIE WEST BLVD  
SUITE 101  
ST. LUCIE FL 34986  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1994

4. FEI Number

65-0525413

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 1555 ST LUCIE WEST BL.

Suite, Apt. #, etc.

22 SUITE 103

City & State

23 ST. LUCIE FL.

Zip

Country

24 34986 25 U.S.

2a. Mailing Address

21 1555 ST LUCIE WEST BL.

Suite, Apt. #, etc.

22 SUITE 103

City & State

23 ST. LUCIE FL.

Zip

Country

24 34986 29 30 U.S.

9. Name and Address of Current Registered Agent

POSTAL, JOHN J  
590 NORTHWEST PEACOCK BLVD.  
ST. LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1555 ST. LUCIE WEST BLVD.

83 SUITE 103

84 City ST. LUCIE

FL

85 Zip Code

34986

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME POSTAL, JOHN J  
STREET ADDRESS 590 NORTHWEST PEACOCK BLVD.  
CITY-ST-ZIP ST. LUCIE FL 34986

TITLE D ☐ DELETE  
NAME POSTAL, JUNE P  
STREET ADDRESS 590 NORTHWEST PEACOCK BLVD.  
CITY-ST-ZIP ST. LUCIE FL 34986

TITLE D ☐ DELETE  
NAME POSTAL, PATRICK M.  
STREET ADDRESS 590 NORTHWEST PEACOCK BLVD  
CITY-ST-ZIP ST LUCIE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 607, 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:

Signature and Typed or Printed Name of Signing Officer or Director: JOHN J. POSTAL 3/25/99 314-965-2809

CR2E034 (11/98)