FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000031397 (9)**

1. Corporation Name

FLORIDA MAILING SERVICES, INC.

Principal Place of Business
205 SE 16 AVE
#20C
GAINESVILLE FL 32601

Mailing Address
205 SE 16 AVE
#20C
GAINESVILLE FL 32601

3. Date Incorporated or Qualified: 04/18/1995
3a. Date of Last Report:

2. Principal Place of Business
21 4445 SW 35th Terr
Suite, Apt #, etc
22 260
City & State
23 Gainesville FL
Zip 24 32608 Country 25 USA

2a. Mailing Address
26 Po Box 141385
Suite, Apt #, etc
27
City & State
28 Gainesville FL
Zip 29 32614-1385 Country 30 USA

4. FEI Number: 59-3310056 — 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

WATERS, ROBERT J
205 SE 16 AVE
#20C
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: Robert J. Waters
82 Street Address (P.O. Box Number is Not Acceptable): 4445 S.W. 35th Terr
83 Suite 260
84 City: Gainesville FL 85 Zip Code: 32608

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) _____ Title (if registered agent is corporation) _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Robert J. Waters	
STREET ADDRESS	Po Box 141385 3600 SW 23rd St #C18	
CITY-ST-ZIP	Gainesville FL 32614-1385 32608	
TITLE	V.P.	☐ DELETE
NAME	Suzanne J. Waters	
STREET ADDRESS	Po Box 141385 3600 SW 23rd St #C18	
CITY-ST-ZIP	Gainesville FL 32614-1385 32608	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	300001841953 -05/29/96--01020--024 ***200.00	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(s), 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: _____ 3/25/96 352-374-1167n
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)