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 # **P95000063788 (0)**

1. Corporation Name

THE MAIL DEPOT INCORPORATED

Principal Place of Business	Mailing Address
3709 SAN PABLO RD. APT 207 JACKSONVILLE FL 32224	3709 SAN PABLO RD. APT 207 JACKSONVILLE FL 32224

3. Date Incorporated or Qualified: 08/17/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 701 Mayport Crossing Blvd	26 701 Mayport Crossing Blvd
Suite, Apt. #, etc. 22 Unit 4	Suite, Apt. #, etc. 27 Unit 4
City & State 23 ATlantic Beach, FL	City & State 28 ATlantic Bch, FL
Zip 24 32233 Country 25 USA	Zip 29 32233 Country 30 USA

4. FEI Number: 59-3340426 ☐ 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

TAGLIAFERRI, DAVID L
3709 SAN PABLO RD. APT 207
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name: David L. Tagliaferri
82 Street Address (P.O. Box Number is Not Acceptable): 1025 Assisi Ln #210
83
84 City: ATlantic Bch FL **FL** 85 Zip Code: 32233

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] David L. Tagliaferri President 7/3/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	David L. Tagliaferri President 1025 Assisi Ln. Atlantic Beach, FL 32233 ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Louis E. Tagliaferri 4304 Blue Heron Dr. Ponte Vedra Bch, FL 32082 ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/ Tresurer Judith B. Tagliaferri 4304 Blue Heron Dr. Ponte Vedra Bch, Fl 32082 ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	400001918204 -08/09/96--01067--013 ***225.00	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: [signature] David L. Tagliaferri President 7/3/96 (904) 247-4463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #