

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

96 DEC 26 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**PROFIT CORPORATION**  
**ANNUAL REPORT**  
**1996**

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

DOCUMENT # **P95000086767 (7)**

1. Corporation Name

KEY WEST MAIL SERVICES, INC.

**1996 REINSTATEMENT**

Principal Place of Business

Mailing Address

3210 N. ROOSEVELT BLVD.  
KEY WEST FL 33040

3210 N. ROOSEVELT BLVD.  
KEY WEST FL 33040

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

11/1

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0630919

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, TAMMY  
3210 N. ROOSEVELT BLVD.  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name **Tammy Rodriguez**  
82 Street Address (P.O. Box Number Is Not Acceptable)  
**3708 Duck Ave**  
83  
84 City **Key West** FL 85 Zip Code **33040**

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

*Tammy Rodriguez*

(NOTE: Registered Agent signature required when reinstating)

11/25/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **RODRIGUEZ, TAMMY**  
CITY-ST-ZIP **3210 N. ROOSEVELT BLVD.  
KEY WEST FL 33040**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **RODRIGUEZ, JOSE**  
CITY-ST-ZIP **3210 N. ROOSEVELT BLVD.  
KEY WEST FL 33040**

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 **700002046413**  
2.3 STREET ADDRESS **-01/06/97--01017--024**  
2.4 CITY-ST-ZIP **\*\*\*375.00 \*\*\*375.00**

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Tammy Rodriguez*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/96  
Date

305294-3720  
Office Phone #