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Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091125 (0)

1. Corporation Name

MAIL CONCEPTS, INC.

Principal Place of Business

11330-5 ST. JOHNS INDUSTRIAL PARKWAY
JACKSONVILLE FL 32256

Mailing Address

11330-5 ST. JOHNS INDUSTRIAL PARKWAY
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

59-3409338

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 11330-6 St. Johns Industrial Pkwy
Suite, Apt. #, etc.

2a. Mailing Address

26 11330-6 St. Johns Industrial Pkwy
Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32246

Country

25 USA

Zip

29 32246

Country

30 USA

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME OSGOOD, RICHARD V
STREET ADDRESS 11330-5 ST. JOHNS INDUSTRIAL PARKWAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE

NAME OSGOOD, JUDITH L
STREET ADDRESS 11330-5 ST. JOHNS INDUSTRIAL PARKWAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE

NAME RAFFAELLY, KAREN A
STREET ADDRESS 11330-5 ST. JOHNS INDUSTRIAL PARKWAY
CITY-ST-ZIP JACKSONVILLE FL 32256

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 P/D/C ☒ Change ☐ Addition

1.2 NAME Osgood, Richard V
1.3 STREET ADDRESS 11330-6 St. Johns Industrial Parkway
1.4 CITY-ST-ZIP Jacksonville, FL 32246

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Osgood, Judith L
2.3 STREET ADDRESS 11330-6 St. Johns Industrial Parkway
2.4 CITY-ST-ZIP Jacksonville, FL 32246

3.1 TITLE T/S/D ☒ Change ☐ Addition

3.2 NAME Raffaelli, Karen A
3.3 STREET ADDRESS 11330-6 St. Johns Industrial Parkway
3.4 CITY-ST-ZIP Jacksonville, FL 32246

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME ~~Shalene~~ Holt, Shalene O
4.3 STREET ADDRESS 11330-6 St. Johns Industrial Parkway
4.4 CITY-ST-ZIP Jacksonville, FL 32246

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.

SIGNATURE:

Karen A. Raffaelli (Sec. Treas)

1/22/98

904-928-9911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0039595

CR2E034 (10/97)