

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

DOCUMENT # P96000091125

1. Corporation Name
MAIL CONCEPTS, INC.

Principal Place of Business
11330-6 ST JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32246
US

Mailing Address
11330-6 ST JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32246
US

FILED

99 JAN 12 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 11330-5 St. Johns Ind Pkwy
Suite, Apt. #, etc.

22 City & State
23 Jacksonville, FL

24 Zip 32246 25 Country USA

2a. Mailing Address
26 11330-5 St Johns Ind Pkwy
Suite, Apt. #, etc.

27 City & State
28 Jacksonville, FL

29 Zip 32246 30 Country USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC
NAME OSGOOD, RICHARD V
STREET ADDRESS 11330-6 ST JOHNS INDUSTRIAL PKWY
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE D
NAME OSGOOD, JUDITH L
STREET ADDRESS 11330-6 ST JOHNS INDUSTRIAL PKWY
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE TSD
NAME RAFFAELLY, KAREN A
STREET ADDRESS 11330-6 ST JOHNS INDUSTRIAL PKWY
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE V
NAME HOLT, SHALENE O
STREET ADDRESS 11330-6 ST JOHNS INDUSTRIAL PKWY
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 11330-5 St. Johns Ind. Pkwy.
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 11330-5 St. Johns Ind. Pkwy.
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 11330-5 St. Johns Ind. Pkwy.
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 11330-5 St. Johns Ind. Pkwy.
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

Date

Daytime Phone #

CR2E034 (11/98)