

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90013 041 ***150.00

DOCUMENT # P97000049459

1. Corporation Name

CRYSTAL RIVER ZIP-N-SHIP INC.



Principal Place of Business

3368 CITRUS AVE.
CRYSTAL RIVER FL 34428

Mailing Address

3368 CITRUS AVE.
CRYSTAL RIVER FL 34428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1997

2. Principal Place of Business

21 609 S.E. SUNCOAST BLVD.

Suite, Apt. #, etc.

22 City & State

23 CRYSTAL RIVER, FL

24 Zip 34429 25 Country USA

2a. Mailing Address

26 609 S.E. SUNCOAST BLVD.

Suite, Apt. #, etc.

27 City & State

28 CRYSTAL RIVER, FL

29 Zip 34429 30 Country USA

4. FEI Number

59-3453599

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

9. Name and Address of Current Registered Agent

RAULERSON, BENNIE F
3368 CITRUS AVE.
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name LINDA S. MATHEWS

82 Street Address (P.O. Box Number is Not Acceptable)
609 S.E. SUNCOAST BLVD.

83

84 City CRYSTAL RIVER FL

85 Zip Code 34429

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 *Linda S. Mathews Pres.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☒ DELETE
NAME RAULERSON, BENNIE F
STREET ADDRESS 3368 CITRUS AVE.
CITY-ST-ZIP CRYSTAL RIVER FL 34428

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

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 P/V/S/T/D ☐ Change ☒ Addition
2.2 NAME LINDA S. MATHEWS
2.3 STREET ADDRESS 609 S.E. SUNCOAST BLVD.
2.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34429

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 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: *Linda S. Mathews Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99
Date

352-795-7047
Daytime Phone #

CR2E034 (1/98)