

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000101152 (1)

1. Corporation Name  
PACK N' MAIL, INC.



Principal Place of Business  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802

Mailing Address  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/01/1997

2. Principal Place of Business  
21 10075 S Federal Hwy  
Suite, Apt. #, etc.  
22  
City & State  
23 Port St Lucie FL  
Zip Country  
24 34952 25 USA  
2a. Mailing Address  
26 10075 S Federal Hwy  
Suite, Apt. #, etc.  
27  
City & State  
28 Port St Lucie  
Zip Country  
29 34952 30 USA

4. FEI Number  
65-0810424  
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

9. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SVS INC  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name John Spears  
82 Street Address (P.O. Box Number is Not Acceptable)  
10075 S Federal Hwy  
83  
84 City Port St Lucie FL 85 Zip Code 34952

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D SPEARS, JOHN	5705 SE MILES GRANT ROAD	STUART FL 34997	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
	D/P Spears, John	10075 S. Federal Hwy	Port St Lucie, FL 34952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (10/97)