

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  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90061 028 \*\*\*150.00

0067939

DOCUMENT # P97000108178

1. Corporation Name  
THE MAILBAG, INC.

Principal Place of Business

20 S. PARK AVENUE  
APOPKA FL 32703

Mailing Address

20 S. PARK AVENUE  
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1997

4. FEI Number

59-3483332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 159 Sable Palm Dr.

Suite, Apt. #, etc.

22 City & State

23 Longwood, Florida

24 Zip Country

25 32779 USA

2a. Mailing Address

26 159 Sable Palm Dr.

Suite, Apt. #, etc.

27 City & State

28 Longwood, Florida

29 Zip Country

30 32779 USA

9. Name and Address of Current Registered Agent

SHAVER, RONALD  
20 S. PARK AVENUE  
APOPKA FL 32703

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.

RONALD E. SHAVER President

DATE

2/2/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SHAYER, RONALD  
STREET ADDRESS 20 S. PARK AVENUE  
CITY-ST-ZIP APOPKA FL 32703

TITLE DVP ☐ DELETE

NAME SHAYER, JAMES  
STREET ADDRESS 7611 LAKE OLA DR  
CITY-ST-ZIP MT DORA FL 32757

TITLE S ☐ DELETE

NAME SHAYER, SUSAN D  
STREET ADDRESS 7611 LAKE OLA DR  
CITY-ST-ZIP MT DORA FL 32757

TITLE T ☐ DELETE

NAME ELIZABETH L SHAYER  
STREET ADDRESS 7611 LAKE OLA DR  
CITY-ST-ZIP MT DORA FL 32757

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 159 Sable Palm Dr.  
1.4 CITY-ST-ZIP Longwood, FL. 32779

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 159 Sable Palm Dr.  
2.4 CITY-ST-ZIP Longwood, FL. 32779

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 159 Sable Palm Dr.  
3.4 CITY-ST-ZIP Longwood, FL. 32779

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 159 Sable Palm Dr.  
4.4 CITY-ST-ZIP Longwood, FL. 32779

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:

Signature and typed or printed name of signing officer or director

RONALD E. SHAVER

Date

2/2/99

Daytime Phone #

888-932-2010

CR2E034 (11/98)