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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90001 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000022668

1. Corporation Name
POSTAL MART, INC.



Principal Place of Business
5618 PADDOCK TRAIL DR
TAMPA FL 33624

Mailing Address
5618 PADDOCK TRAIL DR
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2518 REGAL OAKS LN 26 P.O. Box 180364

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 /

27 /

City & State

City & State

23 LUTZ, FL

28 TAMPA, FL

Zip Country

Zip Country

24 33549 25 USA

29 33682 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

59-3508789

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

10. Name and Address of New Registered Agent

LEON, RONALD K
5618 PADDOCK TRAIL DR
TAMPA FL 33624

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

Claire A. Blackshaw

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BLACKSHAW, CLAIRE A
STREET ADDRESS 2518 REGAL OAKS LN
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☐ DELETE
NAME LEON, RONALD K
STREET ADDRESS 5618 PADDOCK TRAIL DR
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ DELETE
NAME BLACKSHAW, MICHAEL S
STREET ADDRESS 2518 REGAL OAKS LN
CITY-ST-ZIP LUTZ FL 33549

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 S, D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V P, D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P, D ☒ 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:

Claire A. Blackshaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

(813)632-8946

Daytime Phone #

CR2E034 (11/98)