

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S91113** (8)

1. Corporation Name

**MODULAR MAILING SYSTEMS OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business

**2423 EAST MALL DRIVE  
SUITE 124  
FT. MYERS FL 33901**

Mailing Address

**2423 EAST MALL DRIVE  
SUITE 124  
FT. MYERS FL 33901**

3. Date Incorporated or Qualified  
**10/31/1991**

3a. Date of Last Report  
**03/27/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number  
**65-0294022**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SISSON, LOUIS F., III  
6225 PRESIDENTIAL COURT, SUITE A  
FT. MYERS FL 33919**

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 607.1509, 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 of registered agent (if registered agent is not acceptable)

(if applicable) Registered Agent signature required when first filed

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PTD  
MAHON, JOSEPH J.  
2423 EAST MALL DRIVE  
FT. MYERS FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VSD  
MAHON, TINAMARIE  
2423 EAST MALL DRIVE  
FT. MYERS FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D  
FERRANTE, THOMAS B.  
1793 W. HILLSBOROUGH AVE  
TAMPA FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

6. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

7. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

8. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

14. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

15. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

16. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

18. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

19. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

20. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

21. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

22. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

23. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

24. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

25. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

26. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

27. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

28. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

29. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

30. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

*Joseph J. Mahon* **Joseph J. MAHON** President 5/15/96 941-277-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)