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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S91113

(8)

**FILED** May 01 1998 8:00am Secretary of State

MODULAR MAILING SYSTEMS OF SOUTHWEST FLORIDA, IN Principal Place of Business Mailing Address 2423 EAST MALL DRIVE 2423 EAST MALL DRIVE SUITE 124 SUITE 124 DO NOT WRITE IN THIS SPACE FT. MYERS FL 33901 FT. MYERS FL 33901 3. Date Incorporated or Qualified 10/31/1991 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 65-0294022 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SISSON, LOUIS F., III 6225 PRESIDENTIAL COURT, SUITE A Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33919 83 84 City 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 mystered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition MAHON, JOSEPH J. NAME 1.2 NAME 2423 EAST MALL DRIVE STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE MAHON, TINAMARIE 2.2 NAME NAME STREET ADDRESS 2423 EAST MALL DRIVE 2.3 STREET ADDRESS FT. MYERS FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE FERRANTE, THOMAS B. NAME 3.2 NAME 1793 W. HILLSBOROUGH AVE STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP 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 emptyweled 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.

SIGNATURE:

##23/98

##23/98

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**SIGNATURE:** 

CR2E034 (10/97