

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Andrea D. Blumenthal
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 FEB -1 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02873

(0)

1. Corporation Name

BJ'S MAIL BOXES ETC. INC.

Principal Place of Business

2607 SO. WOODLAND BLVD.
DELAND FL 32720

Mailing Address

2607 SO. WOODLAND BLVD.
DELAND FL 32720

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1991

3a. Date of Last Report

01/25/1994

4. FEI Number

59-3099022

Applied For

Not-Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

25

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Country

29

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

HENDRICKSON, WILLIAM M.
2607 SO. WOODLAND BLVD.
DELAND FL 32720

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 the if applicable

(NOTE: Registered Agent Signature required when new listing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
HENDRICKSON, M. WILLIAM
1688 BENT OAKS BLVD.
DELAND FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
HENDRICKSON, P. JANET
1688 BENT OAKS BLVD.
DELAND FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change

☐ Addition

☐ Change

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☐ 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M. Hendrickson

1/11/95 (94) 738-3007