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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

. Corporation N	IENT # V3582 FIED MAIL PREP, INC.	28 (5)						
Principal Place of Business Ma 9951 ATLANTIC BLVD. #470 JACKSONVILLE FL 32225 US		#470	9951 ATLANTIC BLVD. #470 JACKSONVILLE FL 32225		3. Date incorporated or Qualified 05/13/1992	3a. Date	of Last Rep 02/06/19	hoc
2. Principal Plac	e of Business	2a. Mailing Address	Mailing Address		4. FET Number App		oplied For ot Applicable	
0.31- 4-4-4	oto	Suite Act #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional
Suite, Apt. #,	, etc.	27			5. Certificate o Status Desireo			equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Zip Country		Coun	dry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<u> </u>	25 9. Name and Address of Currer	29 29 Agent	1301		10. Name and Address of New R		Agent	
	9, Haile and Address of Outlet			81 Name				
PAINE, RAY JR.				82 Street Add	ddress (P.O. Box Nun:ber is Not Acceptable)			
9951 A SUITE	TLANTIC BLVD.			83				
	ONVILLE FL 32225		-	B4 City			85 Zip	Code
			Ï	above named corporation submits this statement for the the corporation's board of directors. Thereby accept the		FL		
2.	Signature, typod or printed name of registered egyn OFFICERS AN	t and trise if applicable (KC) ID DIRECTORS	13.	Agent signature re ein	ADDITIONS/CHANGES TO OFF		DIRECTOF	RS IN 12
TITLE	PAINE, R. D JR.	[] Milli	1.2 NA					
NAME STREET ADDRESS	9951 ATLANTIC BLVD.#47 JACKSONVILLE FL	0		REET ADDRESS TY-ST-ZIP				
CITY-ST-ZIP TITLE	VS	☐ DELETE	2 1 11			- 1	Change	☐ Addition
IAME	PAINE, MARJORIE 9951 ATLANTIC BLVD #41		2 2 NA	KAC .				
	8801 MITHINIO DEAD #41	70		REFT ADDRESS				
TREET ADDRESS	JACKSONVILLE FL		23S1	REFT ADDRESS TY-ST-ZIF			☐ Chano∈	
TREET ADDRESS HTY-ST-ZIP		70	23 S1 24 C1 3 1 TI	REFT ADDRESS HY-ST-ZIF		- <u>-</u> — ; ,	☐ Chang€	Addition
TREET ADDRESS MTY-ST-ZIP HTLE NAME			2 3 S1 2 4 C 3 1 TI 3 2 N4	REFT ADDRESS HY-ST-ZIF		- - — ў	Change	Addition
TREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS			2 3 S1 2 4 C) 3 1 Tl 3 2 N ² 3 3 S	REFT ADORESS 1Y-ST-ZIF TLE MME				
TREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP			23 S1 24 C ¹ 3 ¹ T1 32 N ⁴ 33 S 34 C1 4 11	REFT ADDRESS IY-S1-ZIF ILE MME IREFT ADDRESS IY-S1-ZIP ILE			☐ Change	Addition
TREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE		□ DELETE	23 S1 24 C0 3 1 Ti 32 N4 33 S 34 Ci 4 1 Ti 42 No	REFT ADDRESS IY-ST-ZIF ILE MME IREET ADDRESS IY-ST-ZIF ILE AME				
TREET ADDRESS ITY_ST-ZIP IILE IAME ITHEET ADDRESS ITY_ST-ZIP IILE IAME		□ DELETE	2 3 S1 2 4 C0 3 1 T1 3 2 N ⁴ 3 3 S 3 4 C1 4 1 T1 4 2 N ⁴ 4 3 S1	REFT ADDRESS IY-ST-ZIF ILE IMME IREET ADDRESS IY-ST-ZIF ILE AME IREET ADDRESS				
TREET ADDRESS ITY-ST-ZIP IILE IAME ITHEET ADDRESS ITY-ST-ZIP IILE IAME IAME		□ DELETE	2 3 S1 2 4 C0 3 1 T1 3 2 N ⁴ 3 3 S 3 4 C1 4 1 T1 4 2 N ⁴ 4 3 S1	REFT ADDRESS IY-ST-ZIF ILE MME TREET ADDRESS IY-ST-ZIP ILE AME IREET ADDRESS IIY-ST ZIP				
STREET ADDRESS CHY-ST-ZIP HILE NAME STREET ADDRESS CHY-ST-ZIP HILE NAME STREET ADDRESS CHY-ST-ZIP HILE THE STREET ADDRESS CHY-ST-ZIP		DELETE	2 3 S1 2 4 C 3 1 T1 3 2 N ⁴ 3 3 S 3 4 C1 4 1 1' 4 2 N' 4 3 S1 4 4 C1	REFT ADDRESS IY-ST-ZIF THE IMME			☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME NAME NAME NAME NAME		DELETE	23S1 24C0 3 1 TI 32 N4 33 S 34 CI 4 1 TI 42 N4 43 SI 44 CI 5 1 T 52 N	REFT ADDRESS IY-ST-ZIF THE IMME			☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP THLE VAME STREET ADDRESS CHY-ST-ZIP THLE STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		DELETE	2 3 S 1 2 4 C 2 3 1 T 1 3 2 N 4 3 3 S 3 4 C 1 4 1 1 1 4 2 N 2 4 4 C 1 5 1 1 5 2 N 5 3 S 5 4 C 2	REFT ADDRESS IY-ST-ZIF THE THEET ADDRESS JY-ST-ZIP THEE AME IREET ADDRESS ITY-ST ZIP THE AME IREET ADDRESS ITY-ST ZIP THEET THEET ADDRESS TY-ST-ZIP			☐ Change ☐ Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		DELETE	23S1 24C0 3 1 Ti 32 N4 33 S 34 Ci 4 1 11 42 N4 43 Si 44 Ci 5 1 1 52 N 53 S 54 C 6 1 N 62 N	REFT ADDRESS IY-ST-ZIF THE THEET ADDRESS JY-ST-ZIP THE THEET ADDRESS ITY-ST-ZIP THE THEET ADDRESS ITY-ST-ZIP THEET ADDRESS ITY-ST-ZIP THEET ADDRESS ITY-ST-ZIP THEET ADDRESS ITY-ST-ZIP			☐ Change ☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE FL	DELETE DELETE	23S1 24C0 3 1 TI 32 N4 33 S 34 CI 4 1 11 42 N4 43 SI 44 CI 5 1 1 5 2 N 5 3 S 5 4 C 6 1 N 6 2 N 6 3 S	REFT ADDRESS IY-ST-ZIF ILE MME TREET ADDRESS IY-ST-ZIP ILE AME TREET ADDRESS ITY-ST-ZIP ITTE AME TREET ADDRESS ITY-ST-ZIP ITTE AME TREET ADDRESS ITY-ST-ZIP ITTE AME TREET ADDRESS	y for the exemption stated in Section 11 trate and that my signature shall have the		☐ Change ☐ Change ☐ Change	Addition Addition

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature stall have are same logal elected in hidde discountries. It is 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SPRICE OR DIRECTOR

1/17/96 964(923-3168)