

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **304808** (9)
1. Corporation Name
DOWLING-DOUGLAS DUPLICATING CO INC

95 JUN 12 AM 8:17

Principal Place of Business 3406 MAIN STREET P O BOX 3356 JACKSONVILLE FL 32206	Mailing Address 3406 MAIN STREET P O BOX 3356 JACKSONVILLE FL 32206
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21		2a. Mailing Address 26 P. O. Box 17694		3. Date Incorporated or Qualified 05/06/1966	3a. Date of Last Report 03/07/1994
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1141918	Applied For Not Applicable
City & State 23		City & State 28 Jacksonville, FL		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24		Zip 29 32245		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Country 25		Country 30 Duval		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent DOWLING, GARY 3406 MAIN ST. JACKSONVILLE FL 32206				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 607.1508, 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 title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	☐ Change ☐ Addition
NAME	DOWLING, LINDA L.	1.2 NAME	
STREET ADDRESS	35 JACKSON AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	DOWLING, GARY L.	2.2 NAME	
STREET ADDRESS	35 JACKSON AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 on an attachment with an address.

SIGNATURE: _____

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/95

Date

904-353-4361

Daytime Phone