

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 # 453986 (2)

1. Corporation Name

KNOPF & SONS BINDERY, INC.



Principal Place of Business

1817 FLORIDA AVENUE  
JACKSONVILLE FL 32206

Mailing Address

1817 FLORIDA AVENUE  
JACKSONVILLE FL 32206

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

FELSON, EDGAR M  
418 ST JAMES BUILDING  
JACKSONVILLE, FL  
32202

3. Date Incorporated or Qualified  
06/03/1974

3a. Date of Last Report  
01/20/1995

4. FEI Number  
59-1531243

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

10. Name and Address of New Registered Agent

81 Name **RAYMOND E. KNOFF, JR.**  
82 Street Address (P.O. Box Number is Not Acceptable) **556 HANFIELD'S PLACE**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32207**

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

*Raymond E. Knoff Jr.*

(NOTE: Registered Agent signature required when re-registering)

DATE

*2/17/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KNOPF, RALPH JAMES	
STREET ADDRESS	1817 FLORIDA AVENUE	
CITY- ST- ZIP	JACKSONVILLE, FL 32206	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNOPF, RAYMOND E JR	
STREET ADDRESS	1817 FLORIDA AVENUE	
CITY- ST- ZIP	JACKSONVILLE, FL 32206	
TITLE	<del>RD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>KNOPF, RAYMOND E</del>	
STREET ADDRESS	<del>1817 FLORIDA AVENUE</del>	
CITY- ST- ZIP	<del>JACKSONVILLE, FL 32206</del>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KNOPF, RONALD W	
STREET ADDRESS	1817 FLORIDA AVENUE	
CITY- ST- ZIP	JACKSONVILLE, FL 32206	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 on an attachment with an address.

SIGNATURE

*Raymond E. Knoff Jr.*

**RAYMOND E. KNOFF JR.**

*2/17/96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)