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

PROFIT CORPORATION ANNUAL REPORT

1997



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 453986

(2)

KNOPF & SONS BINDERY, INC.

FILED Jan 24 1997 8:00am Secretary of State



Principal Plat 1817 FLORIDA JACKSONVILLE		Mailing Address 1817 FLORIDA AVENUE JACKSONVILLE FL 32206-3971			-				
						Date Incorporated or Qualif 06/03/1974		ate of Last F 20/1996	Report
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number 59-1531243	1	Applied For Not Applicable		
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional			
City & Sta	de:	City & State			Election Campaign Financing Trust Fund Contribution Added to Fees				
<i>Z</i> ip 24	Country	Z _I p	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren		1901			10. Name and Address of Nev			
KNO	OPF, RAYMOND E. JR.	<u></u>		81	Name	-15-10-			
5556 MANFIELDS PLACE JACKSONVILLE FL 32207			•	82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
JAC	MOONVILLE PL 32207								
			ļ	84	City		FL	85 Zip	Code
SIGNATURE 12. Tille	Signative type Log process name or regularization of OFFICERS AND		13.	LF	or signature requit	red when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AN	D DIRECTO	
NAMC STREEL ADORESS CITY-ST-7P	KNOPF, RALPH JAMES 1817 FLORIDA AVENUE JACKSONVILLE, FL 32206		1.3 ST	1.2 NAME 1.3 STREET ADDRES 1.4 CITY - ST - ZIP					
TITLE NAME STEEK! ADDRESS	PD KNOPF, RAYMOND E JR 1817 FLORIDA AVENUE	PD DELETE KNOPF, RAYMOND E JR			ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS	/D DECETE KNOPF, RONALD W		3.1 Tri 3.2 NA	2. 4 CITY-SI-7IP 3.1 Title 3.2 NAME 3.3 SIREET ADDRESS				Change	Addition
COY-ST-ZIP	JACKSONVILLE, FL 32206	DELETE	34. CI	ITY - S	1	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	☐ Addition
NAME STREET ADDRESS			4 2 N		ADDRESS				
CITY - S.F - ZIP	DELFTE		4.4 CI	4.4 CITY - ST - ZIP 5.1 TITLE				Change	Addition
NAME STREET ADORESS CITY - ST - 216	5		5.2 NA 5.3 ST 5.4 CI	REET	ADDRESS T-ZIP				
TITLE NAME STREET ADDRESS	DELETE 6.1		6.1 Til 6.2 NA	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS				Change	noilibbA 🗌
CHY+S1+ZIP			6.4 CI	TY-5	T-ZIP				

14. I do 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 frue 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 of Block 13 if changed, or on an attachment with an address.

Raymond Ed Knopf