

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sheila B. Mortman,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J42974 (2)**

1. Corporation Name
SUPREME PAPER SUPPLIES, INCORPORATED



Principal Place of Business: **% CHARLES TERRELL KELLY 8967 1/2 PENSACOLA BLVD. PENSACOLA FL 32534**
Mailing Address: **% CHARLES TERRELL KELLY 8967 1/2 PENSACOLA BLVD. PENSACOLA FL 32534**

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 11/19/1986	3a. Date of Last Report 03/13/1995
4. FEI Number 59-2758083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KELLY, CHARLES TERRELL
8967 1/2 PENSACOLA BLVD.
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KELLY, CHARLES TERRELL	
STREET ADDRESS	8967 1/2 PENSACOLA BLVD	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, BARBARA ANN	
STREET ADDRESS	89 MONARCH LANE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-ZIP	
39 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40 NAME	
41 STREET ADDRESS	
42 CITY-STATE-ZIP	
43 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44 NAME	
45 STREET ADDRESS	
46 CITY-STATE-ZIP	
47 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
48 NAME	
49 STREET ADDRESS	
50 CITY-STATE-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 or power of attorney 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: *Charles T. Kelly* Charles T. Kelly 3/13/96 (904478-9207)

CR2E034 (12/95)