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

FILED
1995 JAN 17 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **475523** **(7)**

1. Corporation Name
ALL OFFICE SUPPORT, CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~7101 COLLEGE PARKWAY~~ ~~SUITE 30~~ ~~FT MYERS FL 33907~~	~~7101 COLLEGE PARKWAY~~ ~~SUITE 30~~ ~~FT MYERS FL 33907~~

3. Date Incorporated or Qualified: 05/12/1975
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 15487 CHLOE CIR	26 15487 CHLOE CIR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FORT MYERS FL	28 City & State: FORT MYERS FL
24 Zip: 33908 25 Country: LEE	29 Zip: 33908 30 Country: LEE

4. FEI Number: 59-1602771 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARTER, CHARLES A. ~~7101 COLLEGE PKWY.~~ ~~SUITE 30~~ FT. MYERS FL ~~33907~~	81 Name: CARTER, CHARLES A. 82 Street Address (P.O. Box Number is not Acceptable): 15487 CHLOE CIR 83 84 City: FORT MYERS FL 85 Zip Code: 33908

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD ☐ Change ☐ Addition
NAME	CARTER, CHARLES A.	1.2 NAME	CARTER CHARLES A.
STREET ADDRESS	~~7101 COLLEGE PARKWAY, SUITE 30~~	1.3 STREET ADDRESS	15487 CHLOE CIR
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FORT MYERS 33908
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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		0.1 TITLE	☐ Change ☐ Addition
NAME		0.2 NAME	
STREET ADDRESS		0.3 STREET ADDRESS	
CITY-ST-ZIP		0.4 CITY-ST-ZIP	

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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)(i), 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: Charles A. Carter 1/17/95 8134890291
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR