

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 # 279344 (6)

1. Corporation Name

AMERICAN DIE SUPPLIES, INC.



Principal Place of Business

9620 GIBSON AVENUE
JACKSONVILLE FL 32208

Mailing Address

9620 GIBSON AVENUE
JACKSONVILLE FL 32208

3. Date Incorporated or Qualified

03/11/1964

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINGATE, JOHN L
9620 GIBSON AVENUE
JACKSONVILLE FL 32208

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 if not applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WINGATE, JOHN L
STREET ADDRESS 9620 GIBSON AVE
CITY-STATE-ZIP JACKSONVILLE, FL 0

TITLE S ☐ DELETE

NAME BARBARA C. HENRY
STREET ADDRESS 10507 TULSA ROAD
CITY-STATE-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME WINGATE, ADDIE L
STREET ADDRESS 9620 GIBSON AVE
CITY-STATE-ZIP JACKSONVILLE, FL 0

TITLE D ☐ DELETE

NAME JOHN LEE WINGATE
STREET ADDRESS 2256 MACK ROAD
CITY-STATE-ZIP DOUGLASVILLE GA

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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:

Barbara C. Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 904-768-9521

Date

Daytime Phone #

CR2E034 (12/95)