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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 156678

(5)

PANAMA OFFICE SUPPLY CO INC

		1.

FILED Feb 19 1998 8:00am Secretary of State

C PALAPAN	IN OFFICE SOLITET CO INC					
Principal Plac	e of Business	Mailing Address				-
Principal Place of Business		-				
220 EAST 47 PANAMA CIT		220 EAST 4TH STREET PANAMA CITY FL 32401				
TRIUMIN ON	1 1 2 3 2 7 3 1	TRISHING OTT I E 95701			DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualified
						12/07/1948
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26		· · · · · · · · · · · · · · · · · · ·	59-0595073 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Regulred	
22		City & State				
City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23 Zip	Country	Zip Country			This corporation owes or has pald the current year Intangible	
24			30	or the corporation of the part the callette year		
241	9. Name and Address of Current		1001	Γ		10. Name and Address of New Registered Agent
M	ATHIS, A. E., JR.	 		81	Name	
	01 BUENA VISTA BLVD			82	Otropt Addres	ess (P.O. Box Number is Not Acceptable)
PANAMA CITY FL 32401				02	Stieet Audie	iss (r.o. box radinoer is raot Acceptable)
	SERVICE OF SERVICE			83		
					- 0.4	85 Zip Code
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove	named corpo	oration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State om m familiar with, and accept the obligat	il Florida. Such change was	authorize	d by	the corporatio	on's board of directors. I hereby accept the appointment as registered
•	and the state of the control of the					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registere	d Age	nt signature required	d when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 (1	TLE		☐ Change ☐ Addition
NAME	ENNIS,NELL M		1.2 N	AME		
STREET ADDRESS	334 BUNKERS CORU ROAD		1.3 \$	TREET	ADORESS	•
CITY-ST-ZIP	PANAMA CITY FL		1.4 C	TY-S	T- ZIP	
TITLE	D	DELET e	2.1 TI	TLE		☐ Change ☐ Addition Change
NAME	MATHIS, ROBERT C		2.2 N	AME		
STREET ADDRESS	1001 BUENA VISTA BLVD.		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		2.40	ITY-S	ST - ZIP	
TITLE	PD	☐ DELETE	3.1 1	TLE	ļ	Change Addition
NAME	MATHIS, A.E. JR.		3.2 N	AME	ĺ	
STREET ADDRESS 1001 BUENA VISTA BLVD.		3.3 S	3.3 STREET ADDRESS			
CITY - ST - ZIP	PANAMA CITY, FL 00000		3.4. 0	ITY-S	ST-ZIP	
TITLE		☐ DELE TE	4.1 Ti	TLE		Change Addition
NAME			4. 2 N	3MAI	l	
STREET ADDRESS			4.3 S	TREET	ADORESS	
CITY-ST-ZIP			4.4 C	TY-S	T- ZIP	
TITLE		☐ DELETE	5.1 TI	TLE		☐ Change ☐ Addilion
NAME			5.2 N	AME		
STREET ADDRESS			5.3 \$	FREET	ADDRESS	
CITY-ST-ZIP			5.4 C	TY - S	T-ZIP	
TITLE		☐ DELETE	6.1 TI	TLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP				TY-S		
14. I hereby o	certify that the information supplied with	h this filing does not qualify f	or the ex	ampl	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. I 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 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.

TUBE. Angrathis

1-17-98 743-6527