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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996			Secreta	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUI	MENT #	208929	(0)					
1		NG & OFFICE S	SUPPLY INC.					
Drive good Elloon	of Pusinger		Malling Address		····			
'	Principal Place of Business Mailing Address							
	OSSA STREET STINE FL 32084		12 Saragossa Street St Augustine FL 32084					
						3. Date Incorporated or Qualified 01/08/1958	3a. Date of Last 1 04/03/	•
2. Principa! Pl	ace of Business		2a. Mailing Address			4. FE! Number	1 04/03/	Applied For
21			26			59-0818232		Not Applicable
[22]			Surte, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	e		City & State			Election Campaign Financing Trust Fund Contribution		DO May Be ed to Fees
Z _P	Fı	untry	Zıp	Countr	y	8. This corporation has liability for	intangible tax under :	
24	9 Name and A	ddress of Current F	29 Legistered Agent	30		Florida Statutes Yes 10. Name and Address of New F	No	
	y, ranio and ra		ogistored Agont	81	Name	TO. Maine Blid Address of New P	registered Agent	
MCGE	MCGRATH JR, WILLIAM J				Street A	ddress (P.O. Box Number is Not Acceptal	yle)	
	12 SARAGOSSA ST				SileerA	Address (F.O. Box Number is Not Acceptable)		
	JGUSTINE FL 320	185		83				
				84	City		85 2	Zip Code
44 (1)	t. the secondary of 6	Coations 607 0500 as	d 007 1500 Flacida Cast to				FL °°	
or register	to the provisions or a red agent, or both, in the and accept the o	the State of Florida.	id 607.1508, Florida Statute Such change was authorize 607.0505, Florida Statutes	es, the above ed by the con	named con poration's b	poration submits this statement for the pulsoard of directors. I hereby accept the app	rpose or changing its ointment as registere	registered office d agent. I am
SIGNATURE				•				
	Standare, typed or printed	nan e of registered agent and			ant signature req	pured when reinstating)	DATE	
12.		OFFICERS AND D	DELETE DELETE	13.		ADDITIONS/CHANGES 10 OF		
NAMI	PD	ID MAILLIANA I	F" DETECT	1. 1 TITLE 1.2 NAME			Change	Addition
STREET ADDRESS	12 SARAGO	IR,WILLIAM J			I ADDRESS			
CHTY - ST - ZIP	ST AUGUST			1.4 CITY-				
TITLE	STD	(13h, 1.h	DELETE	2 1 TITLE			Change	☐ Addition
NAMí		ELIZABETH G		2 2 NAME			_	_
STREET ADDRESS	12 SARAGO			2 3 STREE	T ADDRESS			
CINV-ST-ZIP	ST AUGUST			24 CITY-	ST-ZIP			
TOT_E	D		DELETE	3 1 TATLE			☐ Change	☐ Addition
NAME	MCGRATH,			3.2 NAME				
STREET ADDRESS	12 SARAGO			33 STRE	ET ADDRESS			
City - St - ZiP	ST AUGUST	INE FL	□ DELETE	3.4 CITY -			F7 ()	— 1227
THE NAME				4. 1 Title			☐ Change	☐ Addition
NAME STREET ADORESS				4.2 NAME	T ADDRESS			
CITY - ST - ZIF				4.3 STREE				
THEF			DELFTE	5. 1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADORESS					T ADDRESS			
CHY-S1-2IF				5 4 CITY-	į.			
TITLE	1		☐ DELETE	6 1 THILE			☐ Change	☐ Addition
NAME				6 2 NAME				

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 optims annual report or supplemental annual reports 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 if the corporation or the receiver or trustee compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 to nanged, or on an attachment with an addition.

6.3 STREET ADDRESS 6 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS.

OFFICER OR DIRECTOR