## 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 # 208929

(0)

STANDARD PRINTING & OFFICE SUPPLY INC.

Principal Plac	or of Business	Mailing Address						
12 SARAGOSSA 8TREET								
			• •		DO NOT WRITE	E IN THIS S	PACE	
					3, Date Incorporated or Qualified			
- Dissipat D	Name of Division	La Barria Kalasaa			01/08/1958			
	Place of Business	2a. Mailing Address			4, FEI Number		<del> '</del>	oplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-0818232			ot Applicable Additional
22		27		<ol><li>Certificate of Status Desired</li></ol>		· · · ·	equired	
City & Stat	le	City & State	· <del></del>		6. Election Campaign Financing		<del></del>	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	У	a. This corporation owes or has pa	aid the cur	nt year in	langible
24	25	29	30		Personal Property Tax due June		_	No
	g. Name and Address of Curre	nt Registered Agent		<del> </del>	10. Name and Address of New Ro	egistered /	igent	
	GRATH JR, WILLIAM J		81	Name				
	SARAGOSSA ST		82	Street Add	fress (P.O. Box Number is Not Accepta	ble)		
ST	AUGUSTINE FL 32085							
			63	1				
!			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	ites, the abov	re-named cor	poration submits this statement for the	purpose of	changing if	s registered
office or r	registered agent, or both, in the State	of Florida, Such change was	authorized b	y the corpora	tion's board of directors. I hereby acce	pt the app	pintment as	registered
_	in manimar with, and accept the oblig	alions of, accion corrogs, r	IONUA SIAILIR					
SIGNATURE	Signature typed or printed name of registered age	ent and title it applicable. (NC	TE: Registered Ag	ent signature requ	ilred when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	PO	DELETE	1.1 TITLE	:			Change	Addition
NAME	MCGRATH JR,WILLIAM J		1.2 NAME					
STREET ADDRESS	12 SARAGOSSA ST		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL			ST-ZIP				
TITLE	STD	· -					L_] Change	Addition
NAME	MCGRATH, ELIZABETH G		2.2 NAME	4				
STREET ADDRESS	12 SARAGOSSA ST		- 1	T ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL	DELETE	2. 4 CITY	ST-ZIP			Change	Addition
TITLE	MCGRATH, KATHRYN A	T DECEIE	9,1 TITLE				Change	L Addition
NAME STREET ADDRESS	12 SARAGOSSA ST		3.2 NAME	TADODECC				
	ST AUGUSTINE FL		1	T ADDRESS				
CITY-ST-ZIP TITLE	OT NOGODINE TE	DELETE	3.4. CITY	31-ZIP			Change	Addition
NAME		<u></u>	4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CiTY -					
TITLE		DELETE	5.1 TITLE	w. 6,11	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY -					
TITLE		DELETE	6.1 TITLE			<del></del>	Change	Addition
NAME			6.2 NAME				-	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			64 CITY-					

14. 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 his record 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.

CIGNATURE.

**FILED** 

Mar 03 1998 8:00am

Secretary of State