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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 208929

1. Corporation Name

STANDARD PRINTING & OFFICE SUPPLY INC.

Principal Plac	ce of Business	Maili	ng Address				1 188118 11811 88181 18119 18118 11818 11		., ., ., ., ., ., ., ., ., ., ., ., ., .
12 SARAGOSSA STREET 12 SARAGOSSA STREET ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084							DO NOT WRITE IN THIS SPACE		
						3. Da	ate Incorporated or Qualifed		
						0	1/08/1958		
2. Principal P	Place of Business	2a. N	failing Address			4. FE	Nt mber		Applied For
21		26				59	3-08:18232		Not Applicable
Suite, Act.	. #, etc.	S	uite, Apt. #, etc.			5 C	ertifc ate of Status Desired	7	Additional
22		27				J. U.		Fee	Required
City & Sta	te	28	City & State			•	ection Campaign Financing ust Fund Contribution		0 May Be d tc Fees
Zip	Cour try		ip	Coun	try	8. Th	is corporation owes the current	year ntangible	
24	25	29		30		Pe	ersor al Property Tax.	Yes	√⊒No
	9. Name and Address	s of Current Registe	red Agent			10. N	ame and Address of New Regi	stere d Agent	
	GRATH JR,WILLIAM J				Nam Stre		. Boy Number is Not Acceptable)	
12 SARAGOSSA ST ST AUGUSTINE FL 32035				Ļ					
31 /	AUGUSTINE FL 32033			,	33				
				ī	34 City			FL 85 Zi	p Code
A4 Duraus at									
office or	t to the provisions of Section registered agent, or both, if am familiar with, and accept	n the State of Florida.	Such change was	authorized I	by the co	ed corporation s prporation's boar	ubmits this statement for the puriod of directors. I hereby accept the	pose of changing e appointment as	its registered registered
office or	registered agent, or both, i am familiar with, and accep	n the State of Florida. at the obligations of, S	Such change was ection 607.0505, Fi	authorized I orida Statut	by the co es.	rporation's boar	of directors. I hereby accept the	pose of changing e appointment as	its registered registered
office or agent. I a SIGNATUF:E	registered agent, or both, i am familiar with, and accep : Signature, typed or printed as me of	n the State of Florida. In the obligations of, S I registered agent and title if a	Such change was ection 607.0505, Fi	authorized orida Statut	by the co es.	re req iired when reins	tating)	DATE DATE	
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64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(3)(i), Florida Statutes. I further sertify that the information indicated on this annual report or suppliemental 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and the my name appears in Block 12 or Block 13 if changes, or of an attact ment with an address with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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