

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 # 213660 (4)

1. Corporation Name

BUNZL SOUTH FLORIDA, INC.



Principal Place of Business

220 N.E. 187 STREET
NORTH MIAMI BEACH FL 33179-4516

Mailing Address

220 N.E. 187 STREET
NORTH MIAMI BEACH FL 33179-4516

3. Date Incorporated or Qualified

07/10/1958

3a. Date of Last Report

02/14/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
EMGE, THOMAS J.
STREET ADDRESS
8063 BOAT ROCK BLVD SW
CITY-STATE-ZIP
ATLANTA GA

TITLE ☐ DELETE

NAME
CPD
SNELLINGS, RICK
STREET ADDRESS
701 EMERSON STE 410
CITY-STATE-ZIP
ST LOUIS MO

TITLE ☐ DELETE

NAME
AS
STOWERS, WILLIAM K.
STREET ADDRESS
8063 BOAT ROCK BLVD SW
CITY-STATE-ZIP
ATLANTA GA

TITLE ☐ DELETE

NAME
STD
HICKS, GREG
STREET ADDRESS
7034 BROOKVILLE RD SW
CITY-STATE-ZIP
INDIANAPOLIS IN

TITLE ☒ DELETE

NAME
V
FULFORD, ROB
STREET ADDRESS
220 N.E. 187TH STREET
CITY-STATE-ZIP
NORTH MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

mark Williamson

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

404-346-7700

Daytime Phone #

CR2E034 (12/95)