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

FILED
96 SEP -4 AM 10: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 234963 (7)

1. Corporation Name

CHESNUT OFFICE EQUIPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
2 WEST UNIVERSITY AVENUE P O BOX 1438 GAINESVILLE FL 32601	2 WEST UNIVERSITY AVENUE P O BOX 1438 GAINESVILLE FL 32601

2. Principal Place of Business
21 20 N. MAIN STREET
Suite, Apt. #, etc.
22
City & State
23 Gainesville, FL
Zip / Country
24 32601 25 Alachua

2a. Mailing Address
26 ~~20 N. MAIN STREET~~ PO Box 1438
Suite, Apt. #, etc.
27
City & State
28 Gainesville, FL
Zip / Country
29 32602 30 ALACHUA

3. Date Incorporated or Qualified: 03/31/1960
3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-0897237 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUNLAP, JOE G.
600 S.W. 23RD PLACE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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 JOE G. DUNLAP, PRESIDENT [signature] 8.29.96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
STD	PARDUE, RUBY B	2 W UNIVERSITY AVE	GAINESVILLE, FL 00000	☐ DELETE
PD	DUNLAP, JOE G	2 W UNIVERSITY AVE	GAINESVILLE, FL 00000	☐ DELETE
D	CHESNUT, ANNIE MOORE	2 W UNIVERSITY AVE	GAINESVILLE, FL 00000	☐ DELETE
VD	DUNLAP, LURAL L	2 WEST UNIVERSITY AVE.	GAINESVILLE FL 32601	☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

400001846500
-09/13/96--01028--017
****225.00 ****225.00

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	9/11/96	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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] Joe G. Dunlap 8-29-96 352-372-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #