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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 238231

(5)

DEWEY'S OFFICE SUPPLY, INC.

| Principal Place of Business Mailing Address | | | | | | | | | 1 199119 11300 11101 1911 | 41244 PLAN 1981 | Athli nimii ai | -211 41211 61611 | #(#(: 1##) |
|--------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|-------------------------|----------------------------------|------------------------------|--------------------------|----------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------|-----------------|----------------------------|--------------------------|
| 12206 US 301 12206 US 301 DADE CITY FL 33525 601 | | | | | 33525-6019 | | | ļ | | | | | |
| us | | | | US | | | | | 3. Date Incorporated or Qualified 07/04/1960 3a. Date of Last Repo | | | eport | |
| 2. Principal Pl | lace of Busines | S | 2a. | Mailing Add | fress | | | 4. F | El Number | | 1 | Ap | optied For |
| 21 | | | | 26 | | | | | 59-0901737 Not App | | | | ot Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #. etc. 27 | | | | 5. C | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| City & State | | City & State | | | | 6. E | 6. Election Campaign Financing \$5.00 May Be | | | | | | |
| 23 | | | 28 | | | | | T | Trust Fund Contribution | | | | |
| Zip | | Country | | Zip | Cor | | 1 | ı | 8. This corporation has liability for intangible tax under s. 199.032, | | | | |
| 24 | 25 | | | 29 30 | | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | | |
| | | d Address of Curre | nt Hegis | tered Agent | | 81 | Nome | 10. [| Name and Addres | s of New Hes | gistereo A | gent | |
| DEWEY, ETTA P. | | | | | | " | Name SAM ~ | | | | | | |
| 33101 PORTAGE PATH | | | | | | | Street A | Address (P.C | ass (P.O. Box Number is Not Acceptable) | | | | |
| DADE CITY FL 33525 | | | | | | | ļ | | SAM. | | | | |
| | | | | | | 63 | | | | | | | |
| | | | | | | 84 | | | r m E | | FL | 33 | Code |
| office or r agent I a SIGNATURE | egistered agen im familiar with, | s of Sections 607.05 tor both, in the State and accept the oblig | e of Flori gations o | ida. Such cha if, Section 601 | inge was au 7.0505, Flori | thorized b da Statute | y the corpo | oration's bo | pard of directors. I | nent for the p hereby accep | ot the appo | changing is pintment as | registered registered |
| | Signature, typed or p | ornted name of registered as | | | (NOTE: I | Registered Ag | ent signature r | required when re | einstating) DDITIONS/CHANG | ES TO OFFIC | DATE EDS AND | DIRECTOR | S IN 12 |
| 12. TITLE | PST | OFFICERS AN | ND DIREC | | DELETE | 1,1 TITLE | T | VP | DDITIONS/OFICING | 20 10 01110 | | Change | Addition |
| NAME | DEWEY, ET | TA P | | Ψ. | | 1.2 NAME | _ | - | - 777 | | , | | |
| | STREET ADDRESS 33101 PORTAGE PATH | | | | | | T ADDRESS | Ja n | 7050 | | Part | h | |
| CITY-ST-ZIP | DADE CITY | | · · | | | 1 | 4 CITY-ST-ZIP | | In A its | | 2.3 | 7527 | <u>.</u> |
| TITLE | CADE OIL | 1 6 | | | DELETE | 2.1 TITLE | 51-211 | <i></i> | nes D of Port de city | | | Change | Addition |
| NAME | | | | _ | | 22 NAME | | | | | | | |
| STREET ADDRESS | | | | | | 23 STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | 2 4 City- | 1 | | | | | | |
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| NAMÉ | | | | | | 32 NAME | İ | | | | | | |
| STREET ADDRESS | <u> </u> | | | | | 3 3 STREE | T ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | | 3.4. CITY- | ST-ZIP | | | | | | |
| TITLE | | | | | DELETE | 4.1 TITLE | ľ | | | | | Change | Addition |
| NAME | 1 | | | | | . 4. 2 NAME | | | | | | | |
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| NAME | | | | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | 5.3 STREE | T ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | | 5.4 CITY- | ST - ZIP | | | | | | |
| TITLE | | | | | DELETE | 6.1 TITLE | | | | | | Change | Addition |
| NAME | | | | | | 6.2 NAME | l | | | | | | |
| STREET ADDRESS | 1 | | | | | 6.3 STREE | T ADDRESS | | | | | | |

14. I do 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 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 DIRECTO

1-16-97

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FILED

Jan 24 1997 8:00am

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Secretary of State