

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

APPROVED
AND
FILED

95 MAY 10 AM 10:35

DOCUMENT # 255462

(4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MODERN STATIONERY INC

(PRINT WITHIN THIS SPACE)

Principal Office (Mailing Address) 56 WEST PLANT STREET WINTER GARDEN FL 34787-3140	Mailing Address 56 WEST PLANT STREET WINTER GARDEN FL 34787-3140
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2. Principal Office Number 21	20. Mailing Address 26	4. FEI Number 59-0965914	3a. Date of last report 11/10/1994
22. State Agent 27	23. City, State 28	5. Certificate of Status (Amount) \$8.75 Additional Fee Required	Applied For Not Applicable
24. <input type="checkbox"/> 25. <input type="checkbox"/> 29. <input type="checkbox"/> 30. <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. The corporation has liability for intangible tax under S. 199 (32) Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VALDES, JOSE M JR. 309 W BAY ST WINTER GARDEN FL 34787	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Applicable) 83. 84. City 85. Zip Code FL
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11. The agent to the principals of the corporation, as defined in 205b, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent located 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 hereby authorized to accept the appointment as set forth in 205b, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: VD VALDES, JOSE M JR. 309 W BAY ST WINTER GARDEN FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PD VALDES, JOSE M III 56 W. PLANT STREET WINTER GARDEN FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SD VALDES, RUTH 309 W BAY ST WINTER GARDEN FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

17710 Alfred Street
Montverde, FL 34750

14. I hereby certify that the information supplied with this filing is voluntarily furnished and shows and fully for the corporation stated in section 190.01(1)(b), 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. I am an officer or director of the corporation or the registered or business empowered to execute this report as required by Chapter 205, Florida Statutes, and that my name appears in Block 1, or Block 1a, of change of control of the report with an address.

SIGNATURE: _____ 9/11/95 5/5/95 1407-656-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FLORIDA DEPARTMENT OF STATE
JENNIFER HAYES
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **264649** (5)
1. Corporation Name
WITTNER & CO.

APPROVED
JUL 11 1995 25
RECEIVED
TALLAHASSEE, FLORIDA

Principal Office of Corporation: **C/O TED P WITTNER
5999 CENTRAL AVE STE 400
ST PETERSBURG FL 33710**
Mailing Address: **P.O. BOX 11629
5999 CENTRAL AVE STE 400
ST PETERSBURG FL 33733
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Created	3a. Date of Last Report
21	26	11/19/1962	04/28/1994
State, Apt # or	State, Apt # or	4. FEI Number	Applied For
22	27	59-1007223	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
City	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	30	Trust Fund Contribution	<input type="checkbox"/>
25	29	8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WITTNER, TED P 5999 CENTRAL AVE., SUITE 400 ST PETERSBURG FL 33710	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(8), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Section 607.02(2), Florida Statutes) _____ (Section 607.15(8), Florida Statutes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTNER, JEAN GILES	2. NAME	
STREET ADDRESS	5999 CENTRAL AVE., S-400	3. STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG, FL 00000	4. CITY, ST, ZIP	
TITLE	STV	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, KATHRYN A	6. NAME	
STREET ADDRESS	5999 CENTRAL AVE., S-400	7. STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG, FL 00000	8. CITY, ST, ZIP	
TITLE	CD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTNER, TED P	10. NAME	
STREET ADDRESS	5999 CENTRAL AVE., S-400	11. STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG, FL 00000	12. CITY, ST, ZIP	
TITLE	V	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, JOHN	14. NAME	
STREET ADDRESS	5999 CENTRAL AVE., S-400	15. STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG, FL 00000	16. CITY, ST, ZIP	
TITLE	V	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIMMER, JANET	18. NAME	
STREET ADDRESS	5999 CENTRAL AVE #400	19. STREET ADDRESS	
CITY, ST, ZIP	ST PETERBURG AV	20. CITY, ST, ZIP	
TITLE	V	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOHN	22. NAME	
STREET ADDRESS	5999 CENTRAL AVE #400	23. STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG FL	24. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 130.02(1)(b), 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 trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Kathryn A Woodard* 5/3/95 (913) 384-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kathryn A. Woodard