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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **279344** (6)

1. Corporation Name
AMERICAN DIE SUPPLIES, INC.

Principal Place of Business

**9620 GIBSON AVENUE
JACKSONVILLE FL 32208**

Mailing Address

**9620 GIBSON AVENUE
JACKSONVILLE FL 32208-1251**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

**WINGATE, JOHN L
9620 GIBSON AVENUE
JACKSONVILLE FL 32208**

3. Date Incorporated or Qualified

03/11/1964

3a. Date of Last Report

01/29/1996

4. FEI Number

59-1058132

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

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

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 **P** ☐ DELETE

NAME **WINGATE, JOHN L**
STREET ADDRESS **9620 GIBSON AVE**
CITY- ST- ZIP **JACKSONVILLE, FL 0**

TITLE **S** ☐ DELETE

NAME **BARBARA C. HENRY**
STREET ADDRESS **10507 TULSA ROAD**
CITY- ST- ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE

NAME **WINGATE, ADDIE L**
STREET ADDRESS **9620 GIBSON AVE**
CITY- ST- ZIP **JACKSONVILLE, FL 0**

TITLE **D** ☐ DELETE

NAME **JOHN LEE WINGATE**
STREET ADDRESS **2256 MACK ROAD**
CITY- ST- ZIP **DOUGLASVILLE GA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

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 DIRECTOR

Date

Daytime Phone

0032850

CR2E034 (9/96)