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 # **281408** **(5)**

1. Corporation Name

~~HARBOR CITY OFFICE SUPPLY, INC.~~

L. G. McALLISTER AND ASSOCIATES, INC. WC 2-27-96

Principal Place of Business	Mailing Address
357 BABCOCK ST MELBOURNE FL 32935	357 BABCOCK ST MELBOURNE FL 32935

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **05/13/1964**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-1038444** ☐ 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

MCALLISTER, LORRAINE G
2914 S VASSAR ST
MELBOURNE FL 32901

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 607.1504, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JUSTICE, JANICE		1.2 NAME	
STREET ADDRESS	2990 ARIZONA STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCALLISTER, WM. A.		2.2 NAME	
STREET ADDRESS	4585 LAKE WATERFORD WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCALLISTER,LORRAINE		3.2 NAME	
STREET ADDRESS	2914 S. VASSAR ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NETZLEY, SHARON		4.2 NAME	
STREET ADDRESS	209 TRADEWINDS DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NETZLEY, TIMOTHY J.		5.2 NAME	
STREET ADDRESS	209 TRADEWINDS DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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)(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: Sharon Netzley Secy 4-1-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date