FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham,

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

286262

(1)

FANCO BUSINESS FORMS, INC.

Principal Place of Business Mailing Address 1701 CATTLEMEN ROAD 1701 CATTLEMEN ROAD SARASOTA FL 34232 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1964 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 50 2550 DC +4 21 59-0859154 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be BRASENTON 23 28 Trust Fund Contribution Added to Fees 34301 Žφ Country Country 8. This corporation owes or has paid the current year Intangible MANATED 24 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name REIGELSPERGER, D.L. 3650 HELENE ST. Street Address (P.O. Box Number is Not Acceptable) **SARASOTA FL 34232** 83 Zio 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 it applicable (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition 1.1 TITLE TITLE REIGELSPERGER,D L NAME 1.2 NAME 3650 HELENE ST STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE PSTD 2.1 TITLE REIGELSPERGER, SCOTT NAME 2.2 NAME **5270 INDIAN MOUND ST** STREET ADDRESS 2.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TOLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETÉ 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADORESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I 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 truster 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.

4-9-98

941-371-2160

FILED

Apr 15 1998 8:00am

Secretary of State