FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **329358** **(6)**

1. Corporation Name

KIGHT'S PRINTING & OFFICE PRODUCTS, INC.

Principal Place of Business	Mailing Address
8505-1 BAYMEADOWS RD P O BOX 19009 JACKSONVILLE FL 32249-9009 US	8505-1 BAYMEADOWS RD P O BOX 19009 JACKSONVILLE FL 32245-9 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / County	Zip
24 / 25	29 / 30

3. Date Incorporated or Qualified: **04/26/1968**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1208696** ☐ 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

KIGHT, WILLIAM E.
8505-1 BAYMEADOWS RD.
JACKSONVILLE FL 32216

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 607.0500 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 corporation was authorized to transact business in Florida and is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Date

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	KIGHT, WILLIAM E.	
STREET ADDRESS	8505-1 BAYMEADOWS RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	KIGHT, ARLENE S.	
STREET ADDRESS	8196 HOLLYRIDGE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PTD	☐ DELETE
NAME	KIGHT, DAVID E	
STREET ADDRESS	8505 - 1 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily [illegible] certify that the information indicated on this annual report or supplemental 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 [illegible] appears in Block 12 or Block 13 if changed, or on an attachment with an [illegible] qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further [illegible] execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: William E Kight William E. KIGHT 26Feb96 904 731-7990

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

CR2E034 (12/95)