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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

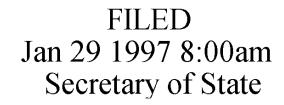
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 329358

(6)

KIGHT'S PRINTING & OFFICE PRODUCTS, INC.





Principal Place 8505-1 BAYME P O BOX 1600 JACKSONVILLE US	ADOWS RD	Mailing Address 8505-1 BAYMEADOWS RD P O BOX 19009 JACKSONVILLE FL 32245-9009 US			3. Date Incorporated or Qualified 3. Date of Last Report			
					04/26/1968	04/02/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 04/		plied For
21 8505	_ ^ *.*	11	ADOL	S KOAD	59-1208696		 	t Applicable
Suite, Apt		Surte, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State		City & State	······································		6. Election Campaign Financing		\$5.00	May Be
23 JACK	SONVILLE FL.	28 JACKSONVI		FL	Trust Fund Contribution			to Fees
Zip	Country	Ζφ _ [Country		8. This corporation has liability fo			. 199.032,
24 32256	-748925 DUVAL	29 <i>32256-7489</i>	p	UVAL			_ No	
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New R	egistered	Ageni	
850	HT, WILLIAM E. 5-1 Baymeadows Rd. 850.s Ksonville Fl 32216	BAYMBADOUS Roal 32256-748		Street Addre	ss (P.O. Box Number is Not Accepta	able)		
			84	City		FL	85 Zip	Code
	to the provisions of Sections 607.050;	2 1 002 4500 51-24-01-4						
SIGNATURE	Sign or ingredier proceed have of registered agen OFFICE RS AND) DIRECTORS	13.	ent signature required	ADDITIONS/CHANGES TO OFF			
TITLE [CD	☐ DELETE	1 1 TOTLE	PR	ESIDENT/DIRECTU	R	Change	Addition
NAME	KIGHT, WILLIAM E.		1.2 NAME	·				
STREET ADDRESS	8505-1 BAYMEADOWS RD.		1.3 STREET	** }				
CITY-ST-ZIP TITLE	JACKSONVILLE FL VD	DELETE	1.4 CITY - S 2.1 TITLE	ST-ZIP			Change	Addition
NAME .	KIGHT, ARLENE S.	C) Netter	2.7 TITLE				ET OWNINGS	reality.
STREET ADORESS	8196 HOLLYRIDGE RD.			ADDRESS 85	OS BAYMEADOWS	CAO		
CITY - ST - ZIP	JACKSONVILLE FL		2. 4 CITY-		os proprieta and		_	
TITLE	PTD	☐ DELETE	3.1 TITLE		RELTOR		Change	Addition
NAME	KIGHT, DAVID E		3.2 NAME					
STREE1 ADDRESS	8505 - 1 BAYMEADOWS RD		3 3 STREET	ADDRESS 85	OS BAYMBADOWS	ROAD	,	
CITY - ST - ZIP	JACKSONVILLE FL		3.4. CITY-	ST-ZIP				
TIME		[_] DELETE	4 1 TITLE				L Change	Addition
NAME			4 2 NAME	i				
STREET ADDRESS				ADDRESS				
CHY-\$1-ZIP TITLE	, , , , , , , , , , , , , , , , , , ,	DELETE	4.4 City - S	SI - ZIP			Change	Addition
NAME		A	5.2 NAME	Ì				
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY ST ZIP			5.4 CITY-S	, i				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63STREE	ADORESS				
CiTY - ST - 7IP			6.4 CITY-S	ST-ZIP				

14. I do nereby 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