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Jan 29 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 # 329358 (6)

1. Corporation Name  
KIGHT'S PRINTING & OFFICE PRODUCTS, INC.

Principal Place of Business  
8505-1 BAYMEADOWS RD  
P O BOX 18009  
JACKSONVILLE FL 32249-9009  
US

Mailing Address  
8505-1 BAYMEADOWS RD  
P O BOX 18009  
JACKSONVILLE FL 32245-9009  
US



2. Principal Place of Business  
21 8505 BAYMEADOWS RD  
Suite, Apt. #, etc.  
22 JACKSONVILLE FL  
City & State  
23 32256-7489 25 DUVAL  
Zip Country  
24 32256-7489 25 DUVAL  
26 8505 BAYMEADOWS ROAD  
Suite, Apt. #, etc.  
27 JACKSONVILLE FL  
City & State  
28 32256-7489 30 DUVAL  
Zip Country  
29 32256-7489 30 DUVAL

3. Date Incorporated or Qualified  
04/26/1968  
3a. Date of Last Report  
04/02/1996  
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. 8505 BAYMEADOWS ROAD  
JACKSONVILLE FL 32216 32256-7489

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIGHT, WILLIAM E.			1.2 NAME			
STREET ADDRESS	8505-1 BAYMEADOWS RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIGHT, ARLENE S.			2.2 NAME			
STREET ADDRESS	8198 HOLLYRIDGE RD.			2.3 STREET ADDRESS	8505 BAYMEADOWS ROAD		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIGHT, DAVID E			3.2 NAME			
STREET ADDRESS	8505 - 1 BAYMEADOWS RD			3.3 STREET ADDRESS	8505 BAYMEADOWS ROAD		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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: William E. Kight 20 Jan. 97 (904) 731-7990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)