FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **336506** **(1)**

1. Corporation Name
D J FORMS COMPANY, INC.

Principal Place of Business	Mailing Address
6800 N AUGUSTA DR MIAMI FL 33015	6800 N AUGUSTA DR MIAMI FL 33015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/16/1968**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1277292** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 | Country — 25
Zip — 29 | Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MERRILL,GAIL S
6800 N AUGUSTA DR
MIAMI FL 33015

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE		☐ Change ☐ Addition
NAME	MERRILL,MYRON C	12 NAME		
STREET ADDRESS	6800 N AUGUSTA DR	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	MERRILL,GAIL S.	22 NAME		
STREET ADDRESS	6800 N.AUGUSTA DR.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	MERRILL,GAIL S	32 NAME		
STREET ADDRESS	6800 N AUGUSTA DR	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	AT	41 TITLE		☐ Change ☐ Addition
NAME	CLANTON, DIANE MERRILL	42 NAME		
STREET ADDRESS	8531 ARDOCH RD	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	MERRILL,DAWN J. (ASST)	52 NAME		
STREET ADDRESS	6800 N.AUGUSTA DR.	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	MERRILL, DONNA J.	62 NAME		
STREET ADDRESS	15525 MIAMI LAKEWAY #204	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	64 CITY-ST-ZIP		

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 Gail S. Merrill Gail S. Merrill 4-24-95 (305) 829-0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084300 CP