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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 359467

(8)

BABBITT'S BINDERY, INC.

Principal Place of Business	Mailing Address
\$11 BROOKHAVEN DRIVE ORLANDO FL 32603	511 BROOKHAVEN DRIVE ORLANDO FL 32803-2502

FILED Apr 21 1997 8:00am Secretary of State



ORLANDO FL	32003	ORLANDO FL 32803-250	2								
						3. Date Incorporated or Qualified 02/10/1970		of Last Report			
	iac e of Business	2a. Mailing Address				4. FEI Number			App	lied For	
26					59-1287599			Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27						5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	6	City & State	F, '			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country	Zφ	Cou	ntry	,	8. This corporation has liability for in	ntangible	tax un	der s.	199.032,	
24	25	29	30				Yes [
	9. Name and Address of Curre	ent Registered Agent		1		10. Name and Address of New Reg	istered A	Agent			
BAB	Bitt, Elwyn D.			Bi	Name						
5641	I DEAN ROAD			82	Street Ad	dress (P.O. Box Number is Not Acceptab	e)				
ORLANDO FL 32817			83			·					
				84	City			85	Zip C	ode	
:					l		FL	Ll	·		
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	id2 and 607.1508, Florida Stati le of Florida. Such change was gations of, Section 607.0505, F	utes, the at authorized Florida Stat	d by utes	enamed co the corpor 3.	orporation submits this statement for the praction's board of directors. I hereby accep	rpose of the app	chang ointme	ing its nt as re	registered egistered	
SIGNATURE	Signature, typod or printed name of registered a		OTE Acgistored	i Ago	ent signature rec	quired when reinstaling)	OATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND				
TITLE	PD	☐ DELFTE	1.1 10	LE				☐ Ch	ange	Addition	
NAME '	BABBITT, ELWYN D.		1.2 NA								
STREET ADDRESS	5641 DEAN ROAD		1.3 \$1	1.3 STREET							
CITY-ST-ZIP	ORLANDO FL	DECEME		1.4 CITY-ST-ZIP						T Aure	
TITLE	VD.	DELETE	2.1 71					☐ Ch	ange	Addition	
NAME	BABBITT, LOIS E.		2.2 NA								
STREET ADDRESS	5641 DEAN RD ORLANDO FL				ADDRESS						
CITY-ST-ZIP TITLE	1D	DELFTE	3.1 111		SI - ZIP			Chi	enne	Addition	
NAME	BABBITT, DEWAYNE		3.2 N/						90		
STREET ADDRESS	4049 ALICIA CT.				ADDRESS						
Offy-ST-ZIP	ORLANDO FL				ST-2IP						
TITLE	80	DELETE	4.1 10		71-20	<u> </u>		Ch	ange	Addition	
NAME	FREEMAN, JOYCE		4.2 N	AME							
STREET ADDRESS	5201 N. INDIANA AVE.		4.3 \$1	REE 1	ADDRESS						
CITY-ST-ZIP	WINTER PARK FL		4.4 CI	IY-S	I - 7IP						
TITLE		DELETE	5.1 Til					Ch	ange	Addition	
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REE I	ADDRESS						
CITY-ST-ZIP			5.4 CI	IY-S	1- 7IP						
TITLE		☐ DELETE	6.1 Til	LE		COMMON CONTRACTOR CONT		Ch	ange	Addition	
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 \$1	REET	ADDRESS						
CITY-ST-ZIP			6.4 CI	1Y - S	1 · 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 as 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: T. 1. 1816 NALARIA H. B. WOOL B. GRAD

Ululas

S981061