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CORPORATION
ANNUAL REPORT
1995



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

FILED
1995 JAN 17 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 475523 (7)

1. Corporation Name

ALL OFFICE SUPPORT, CORPORATION

Principal Place of Business

7181 COLLEGE PARKWAY
SUITE 30
FT. MYERS FL 33907

Mailing Address

7181 COLLEGE PARKWAY
SUITE 30
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/12/1975

3a. Date of Last Report

02/03/1994

4. FEI Number

59-1602771

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

2. Principal Place of Business

21 15487 CHLOE CIR
Suite, Apt. #, etc.

2a. Mailing Address

26 15487 CHLOE CIR
Suite, Apt. #, etc.

City & State

23 FORT MYERS FL

City & State

28 FORT MYERS FL

Zip

24 33908

Country

25 LEE

Zip

29 33908

Country

30 LEE

9. Name and Address of Current Registered Agent

CARTER, CHARLES A.
7181 COLLEGE PKWY.
SUITE 30
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name CARTER, CHARLES A.

82 Street Address (P.O. Box Number is not Acceptable)

15487 CHLOE CIR

83

84 City

FORT MYERS

FL

85 Zip Code

33908

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME CARTER, CHARLES A.
STREET ADDRESS 7181 COLLEGE PARKWAY, SUITE 30
CITY-ST-ZIP FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME CARTER, CHARLES A.
1.3 STREET ADDRESS 15487 CHLOE CIR
1.4 CITY-ST-ZIP FORT MYERS 33908

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

700001390157

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****200.00 ****200.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles A. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95 8/34890291

CP