

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # 475523**

(7)

1. Corporation Name

**ALL OFFICE SUPPORT, CORPORATION**

Principal Place of Business

7181 COLLEGE PKWY.  
SUITE 30  
FT MYERS FL 33907

Mailing Address

7181 COLLEGE PARKWAY  
SUITE 30  
FT MYERS FL 33907

2. Principal Place of Business

21 15487 CHLOE CIR

26 Mailing Address

26 15487 CHLOE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 FORT MYERS FL

28 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

01 Name **CARTER, CHARLES A.**

02 Street Address (P.O. Box Number Is Not Acceptable)

15487 CHLOE CIR

03

04

City

FORT MYERS FL

05

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 resinating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

7000001390157  
-01/26/95--01051-009

\*\*\*\*\*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

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 my attachment with an address.

SIGNATURE: *Charles A. Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95 8134890291  
DRAFT

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

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  **\$5.00** May Be Trust Fund Contribution  Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent