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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:50

DOCUMENT # **500368** **(6)**

1. Corporation Name

GENERAL PRINTING EQUIPMENT AND SUPPLY, INC.

Principal Place of Business	Mailing Address
6400 POPLAR AVE. ATT. TAX DEPARTMENT MEMPHIS TN 38197-1006	6400 POPLAR AVE. ATT. TAX DEPARTMENT MEMPHIS TN 38197-1006

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/02/1976**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **51-0203721** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WALLACE, ARTHUR	12 NAME	
STREET ADDRESS	2 MANHATTANVILLE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE, NY.	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GUEDRY, JIM	22 NAME	
STREET ADDRESS	2 MANHATTANVILLE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE, NY.	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	NERHEIM, SYVERT E.	32 NAME	
STREET ADDRESS	2 MANHATTANVILLE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE, NY.	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	☐ Change ☐ Addition
NAME	FINNEGAN, JOHN	42 NAME	
STREET ADDRESS	6400 POPLAR AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	POLNEY, FRANK	52 NAME	
STREET ADDRESS	2 MANHATTANVILLE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE, NY.	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	DOOLITTLE, TRACEY	62 NAME	
STREET ADDRESS	2 MANHATTANVILLE RD.	63 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE, NY.	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: John Finnegan 3/31/95 (901) 762-6000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Telephone #

0475008 FP