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

CITY-ST-ZIP

SIGNATURE:

May 07 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (6)FRED VOSS, BINDERY, INC. Principal Place of Business Mailing Address 519 N. WASHINGTON ST. P.O. BOX 3253 JACKSONVILLE FL 32202 JACKSONVILLE FL 32206 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1979 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1866802 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 29 24 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 BARTLETT, BARON L., ESQ. 615 HWY. A1A STE. 101 Street Address (P.O. Box Number is Not Acceptable) 62 PONTE VEDRA BCH. FL FL320-82 83 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 apply able (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TILLE 11 TITLE VOSS, FRED, JR. NAME. 1.2 NAME 1044 WESTDALE DR STREET ADDRESS 1.3 STREET ADORESS JACKSONMLLE FL 32211 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change VOSS, MADELINE T. 2.2 NAME 1044 WESTDALE DR STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change Addition TITLE 6.3 STREET ADDRESS

14. Thereby 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 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 trustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with a address

FILED

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