

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 829720 (2)
1. Corporation Name

GBS FORMS & SYSTEMS, INCORPORATED

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3/20/73
3a. Date of Last Report 4/5/94

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 7233 FREEDOM AVENUE, NW Suite, Apt. #, etc		26 KINARD, DENNIS Suite, Apt. #, etc		34-1084079		Not Applicable	
22 PO BOX 2340 City & State		27 203 KELSEY LANE, SUITE E City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 NORTH CANTON OH		28 TAMPA FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 44720 Country USA		29 33619 Country USA		30		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINARD, DENNIS
203 KELSEY LANE, SUITE E
TAMPA FL 33619

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 of agent or person named as registered agent and that of corporation

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	T/S	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MERRIMAN, M.L.	12 NAME	
13 STREET ADDRESS	7233 FREEDOM AVE NW	13 STREET ADDRESS	
14 CITY ST ZIP	NORTH CANTON OH 44720	14 CITY ST ZIP	
15 TITLE	B	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	MCCLENDON, T.H.	22 NAME	
17 STREET ADDRESS	7233 FREEDOM AVE NW	23 STREET ADDRESS	100001425301 -05/04/95--01024--011 ****200.00 ****200.00
18 CITY ST ZIP	NORTH CANTON OH 44720	24 CITY ST ZIP	
19 TITLE	C/D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	MERRIMAN, L.A.	32 NAME	
21 STREET ADDRESS	7233 FREEDOM AVE NW	33 STREET ADDRESS	
22 CITY ST ZIP	NORTH CANTON OH 44720	34 CITY ST ZIP	
23 TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	DRAGOIU, J.A.	42 NAME	
25 STREET ADDRESS	7233 FREEDOM AVE NW	43 STREET ADDRESS	
26 CITY ST ZIP	NORTH CANTON OH 44720	44 CITY ST ZIP	
27 TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		52 NAME	
29 STREET ADDRESS		53 STREET ADDRESS	
30 CITY ST ZIP		54 CITY ST ZIP	
31 TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		62 NAME	
33 STREET ADDRESS		63 STREET ADDRESS	
34 CITY ST ZIP		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 110.07(3)(b), Florida Statutes. I do hereby 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:

Michael L. Merriman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L. MERRIMAN
EXEC. VICE PRESIDENT

(216) 494-5330

5-1-95 + 10