


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 829720 (2)
 1. Corporation Name **GBS FORMS & SYSTEMS, INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7233 FREEDOM AVE NW P O BOX 2340 NORTH CANTON OH 44720		Mailing Address DENNIS KINARD 203 KELSEY LANE SUITE E TAMPA FL 33619 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/20/1973	4. FEI Number 34-1084079
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
24. Country	29. Country		

9. Name and Address of Current Registered Agent
**KINARD, DENNIS
 203 KELSEY LANE SUITE E
 TAMPA FL 33619**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> DELETE
NAME	MERRIMAN, M.L.	
STREET ADDRESS	7233 FREEDOM AVE NW	
CITY-ST-ZIP	NORTH CANTON OH 44720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLENDON, T. H.	
STREET ADDRESS	7233 FREEDOM AVE NW	
CITY-ST-ZIP	NORTH CANTON OH 44720	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MERRIMAN, L.A.	
STREET ADDRESS	7233 FREEDOM AVE NW	
CITY-ST-ZIP	NORTH CANTON OH 44720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRAGON, J.A.	
STREET ADDRESS	7233 FREEDOM AVE NW	
CITY-ST-ZIP	NORTH CANTON OH 44720	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 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: *[Signature]* EXEC. VP 4/10/98 330-494-5330

CR2E034 (10/97)