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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F01095 (1)

1. Corporation Name

OFFICE PRODUCTS AND SERVICES, INC. OF JUPITER AND TEQUESTA

Principal Place of Business

221 OLD DIXIE HWY.
TEQUESTA FL 33469

Mailing Address

221 OLD DIXIE HWY.
TEQUESTA FL 33469-2754

3. Date Incorporated or Qualified
10/09/1980

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 115 A N. US ONE
Suite, Apt. #, etc.

2a. Mailing Address

26 115 A N. US ONE
Suite, Apt. #, etc.

4. FEI Number

59-2041078

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

22 City & State

23 TEQUESTA FL

24 Zip

33469

25 Country

PB

27 City & State

28 TEQUESTA FL

29 Zip

33469

30 Country

PB

9. Name and Address of Current Registered Agent

JONES, EDWARD M.
221 OLD DIXIE HWY.
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

115 A N. US ONE

83

84 City

TEQUESTA

85 State

FL

86 Zip Code

33469

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

TITLE PD ☐ DELETE

NAME JONES, EDWARD M.
STREET ADDRESS 221 OLD DIXIE HWY.
CITY-ST-ZIP TEQUESTA FL

TITLE VTD ☐ DELETE

NAME TILLMAN, ROBERT C.
STREET ADDRESS 208 AVENUE A
CITY-ST-ZIP FT. PIERCE FL

TITLE SD ☐ DELETE

NAME TILLMAN, CLAUDE C., JR.
STREET ADDRESS 208 AVENUE A
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

115 A N. US ONE
TEQUESTA, FL 33469

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

Edward M. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97 (561) 747-3700
Date Daytime Phone

CR2E034 (9/96)