

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90065 045 ***150.00

DOCUMENT # F26814

1. Corporation Name

TAMPA BAY OFFICE PRODUCTS CORPORATION

Principal Place of Business

1870 DREW ST
PO BOX 4838
CLEARWATER FL 34618-1838

Mailing Address

1870 DREW ST
PO BOX 4838
CLEARWATER FL 34618-1838

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1981

4. FEI Number

59-2083093

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2174 CAMPUS DR

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 4838

Suite, Apt. #, etc.

City & State

23 CLEARWATER, FL

Zip Country

24 33764 25

City & State

28 CLEARWATER, FL

Zip Country

29 33758 30

9. Name and Address of Current Registered Agent

PAULUS, NICHOLAS JR
2174 CAMPUS DR
CLEARWATER, FLA
34624

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

33764

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**DST
PAULUS, RUTH A
2174 CAMPUS DR
CLEARWATER, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DV
PAULUS, NICHOLAS JR
2174 CAMPUS DR
CLEARWATER, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP
PAULUS, NICHOLAS R
2286 CUMBERLAND CR #1113
CLEARWATER FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

NICHOLAS F. PAULUS JR 4/10/99 (727) 443-7202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)