

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F63331

FILED
Dec 01, 2008
Secretary of State

Entity Name: GEORGE L. TYLER OFFICE SUPPLY, INC.

Current Principal Place of Business:

2929 S. COMBEE RD
LAKELAND, FL 338037390 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3829
LAKELAND, FL 338023829 US

New Mailing Address:

FEI Number: 59-2193752 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRENDA J. WISE
2929 S COMBEE RD
LAKELAND, FL 338037390 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WISE, BILL,
Address: 4242 FOREST HILLS DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: TS () Delete
Name: BRENDA WISE,
Address: 4242 FOREST HILLS DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRENDA J. WISE,
Address: 4242 FOREST HILLS DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: TS (X) Change () Addition
Name: WISE, BILL,
Address: 4242 FOREST HILLS DRIVE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA J. WISE

PD

12/01/2008

Electronic Signature of Signing Officer or Director

Date