FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **F93000005053 (4)**

1. Corporation Name

SMI ENVELOPES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6003 N 54TH ST TAMPA FL 33610 US	2161 IRVINDALE DR. CHAMBLEE GA 30341

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/08/1993	04/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 58-2050663 ☐ 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

9. Name and Address of Current Registered Agent

BARRETT, DANIEL C.
6003 N 54TH ST
TAMPA FL 33610

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 607.1008, 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: Daniel C. Barrett DATE: 1/19/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	1.1 TITLE	T	☒ Change ☐ Addition
NAME	STORCH, CARL A	1.2 NAME	STORCH, CARL A	
STREET ADDRESS	2161 IRVINDALE DR.	1.3 STREET ADDRESS	2001 DEKLE AVE, APT K	
CITY-ST-ZIP	CHAMBLEE GA 30341	1.4 CITY-ST-ZIP	TAMPA FL 33609	
TITLE	S	2.1 TITLE	P	☒ Change ☐ Addition
NAME	STORCH, PAMELA R	2.2 NAME	STORCH, PAMELA R.	
STREET ADDRESS	2161 IRVINDALE DR.	2.3 STREET ADDRESS	2001 DEKLE AVE, APT K	
CITY-ST-ZIP	CHAMBLEE GA 30341	2.4 CITY-ST-ZIP	TAMPA FL 33609	
TITLE		3.1 TITLE	S	☐ Change ☒ Addition
NAME		3.2 NAME	CROOKER, JAMES A	
STREET ADDRESS		3.3 STREET ADDRESS	7507 LEON AVE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33637	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: Carl Storch
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000323 FP