FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

F9400000223 (7)

OFFICE EQUIPMENT COMPANY OF MOBILE, INC.									
Principal Place of Business Mailing Address						1,000,000			
			104 N. BELTLINE HIS MOBILE AL 36607	GHWAY					
						Date Incorporated or Qualified 01/18/1994	3a. Date of 05/	Last Report 01/1995	
2. Principal Pla	ce of Business	t n	Mailing Address			4. FEI Number		Applied For	
21		26	6. 9. 4 11			63-0650162		Not Applicable 8.75 Additional	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required	
City & State			City & State			6. Election Campaign Financing		\$5.00 May Be	
23		28	•			Trust Fund Contribution	Ll	Added to Fees	
Zφ	Country		Zφ	Countr	У	8. This corporation has liability for i		nder s. 199.032.	
24	25	29		30		Fiorida Statutes Yes 10. Name and Address of New R		ant	
	9. Name and Address of Curren	t Regis	stered Agent		1 Nanie	10. Name and Address of New P	egistereu Ayı	ein	
				Ľ					
C T CORPORATION SYSTEM				8:	2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	OUTH PINE ISLAND ROAD				3				
PLANTA	ATION FL 33324								
				8	4 City		FL	85 Zip Code	
or registen familiar wit	ed agent, or both, in the State of Floran, and accept the obligations of, Sect	da Suct ion 607.	h change was author .0505 - Florida Statute	ized by the cores.	poration's boa	ration submits this statement for the pured of directors. I hereby accept the app	DATE	gistereo ageni. Fani	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFF			
THILE	PCT DELETE		1.180	E			Change [Addition		
NAME	BRAMLETT, THOMAS M			1.2 NAM	f				
STREET ADDRESS	104 N. BELTLINE HIGHWAY			1.3 STRE	ET ADORESS				
CITY-ST-ZIP	MOBILE AL		DELETE.	1.4 CITY				Change: Addition	
TITLE	VS		DELFTE	2 1 7111			Ц	Change [] Addition	
N.AME	COLBERT, BENJAMIN F	1		2.2 NAM					
STREET ADORESS	104 N. BELTLINE HIGHWAY			i i	ET ADDRESS			ļ	
CITY ST-ZIP	MOBILE AL		DELETE	3 1 Titl	- S* - ZIP			Change Addition	
TUTLE NAME				3.2 NAM				. —	
STREET ADDRESS				3.3 STH	EFT ADOPESS				
CITY ST ZIP				3.4 City	S1 - ZIP				
TITLE			☐ DELĒTE	4 1 Title				Change	
NAME				4.2 NAM	E				
STREET ADDRESS				4.3 STHI	E FACIORESS				
CITY - ST - ZIP				4.4 CH v	-S1-ZIP				
TITLE			DELETE	5 1 TU	,F			Change	
NAME				5.2 NAM	ie				
STREET ADDRESS				5 3 STR	EL ADDRESS				
CITY - ST - ZIP					-S1 ZIP			Change [7] Addition	
TIFLE			☐ DELFIE	6 1 TIT			U	Change Addition	
NAME				6.2 NAN					
STREET ADDRESS					EE1 ADDRESS				
CITY ST. ZIP	I .			6.4 CH2	(+ ST - ZIP				

14. However, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 earth, that I am an officer or director of the co-poration or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with a adapting

SIGNATURE:

Segano + Collect signature and typed on printed name of signing officer or diri ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)