

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 21 1997 / 8:00am Secretary of State	
DOCUMENT # G41575 (3)					
1. Corporation Name: BOB'S OFFICE SUPPLY, INC.					
Principal Place of Business: 720 NE HWY 19 CRYSTAL RIVER FL 34429 US		Mailing Address: 720 NE HWY 19 CRYSTAL RIVER FL 34429-4158 US			
2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified: 06/01/1983	
21. Suite, Apt. #, etc.:		26. Suite, Apt. #, etc.:		3a. Date of Last Report: 04/29/1996	
22. City & State:		27. City & State:		4. FEI Number: 59-2351985	
23. Zip:		28. Zip:		Applied For: Not Applicable	
24. Country:		29. Country:		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country:		30. Country:		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent: CHAPPELL, ROBERT S. 720 NE HWY 19 CRYSTAL RIVER FL 34429		10. Name and Address of New Registered Agent:		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
81. Name:		82. Street Address (P.O. Box Number is Not Acceptable):		83. City:	
84. Zip Code:		85. State:		86. Zip Code:	
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: _____ (NOTE: Registered Agent signature required when re-registering) Date: _____					
12. OFFICERS AND DIRECTORS:					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:					
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: _____ 3/18/97 352-795-6747					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert S. CHAPPELL					