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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G46908

1. Corporation Name

STATIONERY CO.								
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							S SPACE	
				1 -	,	Qualifed		
2a. Mailing	Address						App	olied For
26	_				59-2330488		Not	Applicable
	Apt. #, etc.						\$8.75 A	dditional
27				5.	Certificate of Status De	esired 🗀	Fee Red	quired
	State				Election Campaign Fir	nancing	\$5.00	May Be
28					Trust Fund Contribution	n	Added to	Fees
untry Zip	C	Country		8.	This corporation owes	the current year I	ntangible	
29	, 30				Personal Property Tax	L .	Yes	□No
Idress of Current Registered A	gent			10.	Name and Address of	of New Registere	d Agent	
		81	Name					
		92	Ctropt /	Address (P	O Boy Number is Not	'Accortable)		<u></u>
SQUARE		02	Sueet	Huuless (F.	O. BOX Number is Not	Acceptable)		
202		83		-			.,	
•								
		84	City		•		. 85 Zip C	ode
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	2420 MISS TAMPA FL 2a. Mailing 26 Suite, 27 - City & 28 untry Zip 29	Mailing Address 2420 MISSISSIPPI AVE. TAMPA FL 33629 2a. Mailing Address 26 Suite, Apt. #, etc. 27	Mailing Address 2420 MISSISSIPPI AVE. TAMPA FL 33629	Mailing Address 2420 MISSISSIPPI AVE. TAMPA FL 33629 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Lintry Zip Zip Zip Country 29 Idress of Current Registered Agent D. SQUARE 202 83	Mailing Address 2420 MISSISSIPPI AVE. TAMPA FL 33629	Mailing Address 2420 MISSISSIPPI AVE. TAMPA FL 33629 DO No. 3. Date incorporated or Co. 06/30/1983 4. FEI Number 26 Suite, Apt. #, etc. 27 - City & State 28 Country 29 30 Country 30 Personal Property Tax Idress of Current Registered Agent Country SQUARE Street Address (P.O. Box Number is Not SQUARE) 82 Street Address (P.O. Box Number is Not SQUARE)	Mailing Address 2420 MISSISSIPPI AVE. TAMPA FL 33629 DO NOT WRITE IN THI 3. Date incorporated or Qualifed 06/30/1983 4. FEI Number 26 Suite, Apt. #, etc. 27	Mailing Address 2420 MISSISSIPPI AVE. TAMPA FL 33629 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/30/1983 4. FEI Number App. 26 Suite, Apt. #, etc. 27 City & State City & State 28 Country Zip Country Zip Country Zip Country Zip Country Added to Status Controlation owes the current year Intangible Personal Property Tax. Name 10. Name and Address of New Registered Agent 81 Name COUARE 202 83 Street Address (P.O. Box Number is Not Acceptable)

CITY-ST-ZIP - 11 14. I hereby certify that the information supplied with this filing does not hualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplience tal 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 endeavered 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZiP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition

May 03, 1999 8:00 am Secretary of State

05-03-1999 90070 033 ***150.00