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FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H78811 (7)  
1. Corporation Name  
KENDRICK BUSINESS SUPPLIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4000 N. PALAFAX PENSACOLA FL 32505 US		Mailing Address 4000 N. PALAFAX PENSACOLA FL 32505 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent KENDRICK, LARRY N. 4000 N. PALAFAX PENSACOLA FL 32505		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City		85. 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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	NAME	1.1 TITLE	1.2 NAME				
STREET ADDRESS	32505	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP				
CITY-ST-ZIP		2.1 TITLE	2.2 NAME				
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP				
		3.1 TITLE	3.2 NAME				
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP				
		4.1 TITLE	4.2 NAME				
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP				
		5.1 TITLE	5.2 NAME				
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP				
		6.1 TITLE	6.2 NAME				
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP				

14. I 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: *[Signature]* 1-16-98/850438-0366

CR2E034 (10/97)