

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 27 1998 8:00am  
Secretary of State

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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # K05428 (3)  
1. Corporation Name  
TAMPA BAY PAPER SUPPLY, INC.



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| Principal Place of Business<br>12101 U.S. HWY. 301 NORTH<br>LOT 245<br>THONOTOSASSA FL 33592 | Mailing Address<br>12101 U.S. HWY. 301 NORTH<br>LOT 245<br>THONOTOSASSA FL 33592 |
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DO NOT WRITE IN THIS SPACE

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. Principal Place of Business<br>21 4603 DAVENTRY PLACE<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 VALRICO FL<br>Zip<br>24 33594 |  | 2a. Mailing Address<br>26 P.O. Box 3254<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 BRANDON FL<br>Zip<br>29 33509-3254   |  | 3. Date Incorporated or Qualified<br>12/07/1987 |  |
|   |  | 4. FEI Number<br>59-2881410   |  | Applied For<br>Not Applicable                   |  |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required                  |  |
|   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees                     |  |
|   |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent<br>ELMORE, THELMA L.<br>12101 US HWY.301, N.#245<br>THONOTOSASSA FL 33592 |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>4603 DAVENTRY PLACE<br>83<br>84 City VALRICO FL 85 Zip Code 33594 |  |
|---|--|---|--|

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Thelma L. Elmore* (NOTE: Registered Agent signature required when reinstating) DATE:

|  |   |  |   |
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| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ELMORE, ROBERT E.<br>12101 US HWY.301, N.#245<br>THONOTOSASSA FL<br><input type="checkbox"/> DELETE  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4603 DAVENTRY PLACE<br>VALRICO FL 33594 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ELMORE, THELMA L.<br>12101 US HWY.301, N.#245<br>THONOTOSASSA FL<br><input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4603 DAVENTRY PLACE<br>VALRICO FL 33594 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Thelma L. Elmore* Feb 23rd 1998

CR2E034 (10/97)