## FILE NOW: FILING FEE AFTER MAY 151 IS \$550.00

STREET ADORESS CITY-S1-7IP

SIGNAT

Feb 18 1998 8:00am LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (5) D.D. MCKINLAY RUBBER STAMP CO., INC. Principal Place of Business Mailing Address % D.D. MCKINLAY, JR. % D.D. MCKINLAY, JR. 854 S MCDUFF AVE 854 S MCDUFF AVE DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 3. Date Incorporated or Qualified 01/09/1989 2, Principal Place of Business 2a. Moling Address 4. FEI Number Applied For 59-2925643 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6 Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent MCKINLAY, D.D. JR 854 S MCDUFF AVE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32205 83 84 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. Thereby accept the appointment as registered agent. Lam familiar with, a change purpose of, Section 607.0505, Florida Statutes. change was authorized by the corporation's board of 607.0505, Florida Statutes. D. D. MOKINLAY, JR. PRESIDENT SIGNATI ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition DELETE 1.1 TIFLE MCKINLAY, D.D. JR. 1.2 NAME NAME CR2E034 854 S MCDUFF AVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST- ZIP CITY ST - ZIF Deterié Change Addition 21 TITLE TITLE MCKINLAY, JOHN R. 2.2 NAME NAME 854 S MCDUFF AVE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-\$1-ZIP CITY-ST-7IP DELLIE Change Addition TITL€ 4.1 TITLE NAME 4 2 NAMI STREET ADDRESS 4 3 STHEFT ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TeTa F 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 🔲 DELLTIE Change Addition 61 TITLE TITLE 6.2 NAME NAME

14. Thereby 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 suppliemental 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FEB 1 3 1998

(904) 388-6551

attachment with an address

D. D. McKINLAY, JR.

FILED