FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L65659 (9)

1. Corporation Name
~~COMPUMEDIA FORMS AND SUPPLIES, INC.~~ CompuMedia, INC.

Principal Place of Business	Mailing Address
3035 POWERS AVE SUITE 1 JACKSONVILLE FL 32207 US	3035 POWERS AVE SUITE 1 JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1990
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business	2a. Mailing Address
21 2100 Corporate Square Blvd	26 2100 Corporate Square Blvd.
Suite, Apt. #, etc 22 Suite 101	Suite, Apt. #, etc 27 Suite 101
City & State 23 Jacksonville Florida	City & State 28 Jacksonville, Florida
Zip 24 32216 Country 25 Duval	Zip 29 32216 Country 30 Duval

4. FEI Number: 65-0192549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHICKEL, JOHN J 136 E BAY ST JACKSONVILLE FL 32201	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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: ~~Mary E. Morgan~~ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CHEEK, WAYNE J.	12 NAME	400001486554
STREET ADDRESS	3035 POWERS AVE STE 1	13 STREET ADDRESS	-05/12/95--01121--023
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	****225.00 ****225.00
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MORGAN, MARY E.	22 NAME	
STREET ADDRESS	3035 POWERS AVE STE 1	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary E Morgan 5/5/95 904-724-8424
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone Number
MARY E. MORGAN

0018416 CP