FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 2:05

DOCUMENT # L75035 (0)

1. Corporation Name

AMERICAN WILCO OFFICE SUPPLY & EQUIPMENT COMPANY

Principal Place of Business	Mailing Address
2718 PARK ST 2718 PARK ST JACKSONVILLE FL 32205 US	PO BOX 40783 2718 PARK ST JACKSONVILLE FL 32203 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3008262 — 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

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

WILKERSON, JAMES E.
2718 PARK ST
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

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 James E. Wilkerson [signature] 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	☐ Change ☐ Addition
NAME	WILKERSON, JAMES E.	
STREET ADDRESS	2718 PARK ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVS	☐ Change ☐ Addition
NAME	JONES, OKLE W.	
STREET ADDRESS	2718 PARK ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ Change ☐ Addition
NAME	BEVIS, NORMA J.	
STREET ADDRESS	2718 PARK ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ Change ☐ Addition
NAME	~~WILKERSON, ANN G.~~ Delete	
STREET ADDRESS	~~2718 PARK ST.~~	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Addition
NAME		REMITTED BY MAY 1
STREET ADDRESS		
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(1)(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] James E. Wilkerson 5-1-95 (904) 389-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406123 FP