

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Joseph B. Mouton
Secretary of State
1995 ANNUAL REPORT

DOCUMENT # **M74241** (4)

1. Corporation Name
SPRING HILL OFFICE SUPPLY, INC.

APPROVED
3
SECRETARY OF STATE
STATE OF FLORIDA

Principal Place of Business
**THOMAS EDWARDS
13139 ADAMS STREET
BROOKSVILLE FL 34613**

Mailng Address
**THOMAS EDWARDS
13139 ADAMS STREET
BROOKSVILLE FL 34613**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or acquired **03/29/1988** 3a. Date of Last Report **08/09/1994**

21	22	23	24	25	26	27	28	29	30	4. FFI Number 59-2894593	Applied For 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		7. This corporation has liability for intangible tax under § 199(1)(3), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, THOMAS
13139 ADAMS STREET
BROOKSVILLE FL 34613**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein. I hereby accept the appointment as registered agent for the corporation named herein and agree to accept the duties and liabilities imposed by Chapter 607, Florida Statutes.

Date of Filing: _____

12. OFFICERS AND DIRECTORS (1994-1995)	13. ADVERTISING BOARD (If Not For Profit, Add Date of Termination)
NAME: DPT EDWARDS, THOMAS ADDRESS: 13139 ADAMS STREET BROOKSVILLE FL	1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: DVS EDWARDS, PATRICIA ADDRESS: 13139 ADAMS STREET BROOKSVILLE FL	1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____ ADDRESS: _____	1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____ ADDRESS: _____	1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____ ADDRESS: _____	1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____ ADDRESS: _____	1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____ ADDRESS: _____	1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and that I am duly qualified to act as a registered agent for the corporation named herein. I hereby accept the appointment as registered agent for the corporation named herein and agree to accept the duties and liabilities imposed by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1-A of the report as required by law.

SIGNATURE: *Patricia Edwards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia Edwards

4/27/95
904-655-6710