

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M85208** (0)

1. Corporation Name

ALLEN'S OFFICE SUPPLIES AND PRINTING, INC.



Principal Place of Business

Mailing Address

113 E CALL ST
STARKE FL 32091
US

P O BOX 787
STARKE FL 32091
US

3. Date Incorporated or Qualified

06/14/1988

3a. Date of Last Report

07/07/1995

4. FEI Number

59-2893616

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

Country

24

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CHRISTOPHER, DARLA J.
486 NORTH TEMPLE AVENUE
STARKE FL 32091

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

Signature, typed or printed name of registered agent, and both applicable

(NOTE: Registered Agent signature required when not signing)

Date

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	ALLEN, BETTY M.	
STREET ADDRESS	1304 N. BRADFORD ST.	
CITY-STATE-ZIP	STARKE FL	
TITLE	DV	☐ DELETE
NAME	ALLEN, ROBERT E., JR.	
STREET ADDRESS	1304 N. BRADFORD ST.	
CITY-STATE-ZIP	STARKE FL	
TITLE	D	☐ DELETE
NAME	THORNTON, EMMA ANN ALLEN	
STREET ADDRESS	C/O 113 E. CALL ST.	
CITY-STATE-ZIP	STARKE FL	
TITLE	D	☐ DELETE
NAME	ALLEN, MARION KAY	
STREET ADDRESS	C/O 113 E. CALL ST.	
CITY-STATE-ZIP	STARKE FL	
TITLE	D	☐ DELETE
NAME	ALLEN ROBERT SCOTT	
STREET ADDRESS	C/O 113 E CALL ST	
CITY-STATE-ZIP	STARKE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty M. Allen (BETTY M. ALLEN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/

904-964-8925

CR2E034 (3/96)