

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 01 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **M85208** (0)
1. Corporation Name
ALLEN'S OFFICE SUPPLIES AND PRINTING, INC.

Principal Place of Business
**113 E CALL ST
STARKE FL 32091
US**

Mailing Address
**P O BOX 787
STARKE FL 32091-0787
US**



| | | | | | | | |
|---|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/14/1988 | | 3a. Date of Last Report 08/05/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2893616 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip Country | | 28 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip Country | | 29 Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---------------------------------|---------------------------------|--|---|---|--|--|
| TITLE | DPT | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ALLEN, BETTY M. | | | 1.2 NAME | | | |
| STREET ADDRESS | 1304 N. BRADFORD ST. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | STARKE FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | DV | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ALLEN, ROBERT E., JR. | | | 2.2 NAME | | | |
| STREET ADDRESS | 1304 N. BRADFORD ST. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | STARKE FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | THORNTON, EMMA ANN ALLEN | | | 3.2 NAME | | | |
| STREET ADDRESS | C/O 113 E. CALL ST. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | STARKE FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ALLEN, MARION KAY | | | 4.2 NAME | | | |
| STREET ADDRESS | C/O 113 E. CALL ST. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | STARKE FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ALLEN ROBERT SCOTT | | | 5.2 NAME | | | |
| STREET ADDRESS | C/O 113 E CALL ST | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | STARKE FL | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do hereby 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 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: **B. J. Thornton** Date: **6/1/97**

CR2E034 (9/96)