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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 113 E. CALL ST.

26 P.O. BOX 787

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 STARKE, FL.

28 STARKE, FL.

Zip

Country

Zip

Country

24 32091

25 BRADFORD

29

32091

30 BRADFORD

3. Date Incorporated or Qualified

06/14/1988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 to be 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
NAME ALLEN, BETTY M.
STREET ADDRESS 1304 N. BRADFORD ST.
CITY-ST-ZIP STARKE FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME ALLEN, ROBERT E., JR.
STREET ADDRESS 1304 N. BRADFORD ST.
CITY-ST-ZIP STARKE FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME THORNTON, EMMA ANN ALLEN
STREET ADDRESS C/O 113 E. CALL ST.
CITY-ST-ZIP STARKE FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ALLEN, MARION KAY
STREET ADDRESS C/O 113 E. CALL ST.
CITY-ST-ZIP STARKE FL

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ALLEN ROBERT SCOTT
STREET ADDRESS C/O 113 E CALL ST
CITY-ST-ZIP STARKE FL

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 R. H. M. Allen (BETTY M. ALLEN) 4/10/98 8:00 9/11 3926

CP2E034 (10/97)