

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90008 032 \*\*\*550.00

DOCUMENT # **M85208** ✓  
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  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/14/1988**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-2893616**

Applied For  
☐ Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

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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 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** ☐ DELETE  
NAME **ALLEN, BETTY M.**  
STREET ADDRESS **1304 N. BRADFORD ST.**  
CITY-ST-ZIP **STARKE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **Betty M. ALLEN** 9/10/99 904-964-8925

0110620

CR2E034 (5/99)