FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000014341 (0)**

1. Corporation Name

THE CARTRIDGE SOURCE, INC.

Principal Place of Business	Mailing Address
164 E DOUGLAS RD OLDSMAR FL 34677 US	PO BOX 12207 OLDSMAR FL 34677-0207 US

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business
21: 305 Mears Blvd
22: Suite, Apt. #, etc.
23: City & State: Oldsmar FL
24: Zip: 34677
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3163242 ☐ 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

9. Name and Address of Current Registered Agent

BARNES, ROBERT L JR
2655 MCCORMICK DRIVE
SUITE 100
CLEARWATER FL 34619

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	HOWELL, LEWIS A.		1.2 NAME		
STREET ADDRESS	164 E. DOUGLAS RD.		1.3 STREET ADDRESS	305 Mears Blvd	
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITACRE, KOY L		2.2 NAME		
STREET ADDRESS	164 E DOUGLAS RD		2.3 STREET ADDRESS	305 Mears Blvd	
CITY-ST-ZIP	OLDSMAR FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOWLER, W S		3.2 NAME		
STREET ADDRESS	164 E DOUGLAS RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, NORMAN L JR		4.2 NAME		
STREET ADDRESS	164 E DOUGLAS RD		4.3 STREET ADDRESS	305 Mears Blvd	
CITY-ST-ZIP	OLDSMAR FL		4.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOWN, KEN		5.2 NAME		
STREET ADDRESS	164 E DOUGLAS RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		5.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MECKLEY, C R		6.2 NAME		
STREET ADDRESS	164 E DOUGLAS RD		6.3 STREET ADDRESS	305 Mears Blvd	
CITY-ST-ZIP	OLDSMAR FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added on an attachment with an address.

SIGNATURE: C Richard Meckley C Richard MECKLEY 3/20/96 8138545711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #