

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000051103 (8)

1. Corporation Name

GREATER BUSINESS FORMS & SYSTEMS, INC.



Principal Place of Business

17425 SEVENTH STREET
STE. 3
MONTVERDE FL 34756

Mailing Address

P.O. BOX 560039
MONTVERDE FL 34756
US

3. Date Incorporated or Qualified

07/16/1993

3a. Date of Last Report

08/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3193387

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOUT, JAMES D
17425 SEVENTH STREET
STE. 3
MONTVERDE FL 34756

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

James D. Stout, Pres

4/30/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

STOUT, JAMES D
17425 SEVENTH STREET
MONTVERDE FL 34756

STREET ADDRESS

CITY - ST - ZIP

TITLE

ST

☐ DELETE

NAME

STOUT, TRACY R
17425 SEVENTH STREET
MONTVERDE FL 34756

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

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STREET ADDRESS

CITY - ST - 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James D. Stout, Pres

4/30/96

407-469-4332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)