

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

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Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90003 031 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000051103

1. Corporation Name

GREATER BUSINESS FORMS & SYSTEMS, INC.



Principal Place of Business

3601 VINELAND RD  
STE 5  
ORLANDO FL 32811  
US

Mailing Address

P O BOX 618167  
ORLANDO FL 32861-167  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1993

4. FEI Number

59-3193387

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

STOUT, JAMES D  
16334 BURKE ST  
MONTVERDE FL 34756

10. Name and Address of New Registered Agent

81 Name

Stout, James D.

82 Street Address (P.O. Box Number is Not Acceptable)

6601 Wynn Lane

83

84 City

Graveland

FL

85 Zip Code

34736

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

TITLE P  
NAME STOUT, JAMES D  
STREET ADDRESS 16334 BURKE ST  
CITY-ST-ZIP MONTVERDE FL 34756

☐ DELETE

TITLE ST  
NAME STOUT, TRACY R  
STREET ADDRESS 16334 BURKE ST  
CITY-ST-ZIP MONTVERDE FL 34756

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SAME

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

6601 Wynn Lane

1.4 CITY-ST-ZIP

Graveland, FL 34736

2.1 TITLE

SAME

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

6601 Wynn Lane

2.4 CITY-ST-ZIP

Graveland, FL 34736

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

*James D. Stout, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/99

407-648-2631

CR2E034 (1/1/98)