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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State 4-16-96 B CONSTANTA 1996 P94000028061 (7) **DOCUMENT #**  Corporation Name TONER CORPORATION Mailing Address Principal Place of Business 48 HILLSIDE COURT **48 HILLSIDE COURT** PALM HARBOR FL 34683 PALM HARBOR FL 34683 3a. Date of Last Report 3. Date incorporated or Qualified 04/13/1994 03/14/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3235798 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State  $\Box$ Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199.032, Country Zio Ζφ Country Yes No Florida Statutes 24 29 30 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name TONER, JAMES 82 Street Address (P.O. Box Number is Not Acceptable) **48 HILLSIDE COURT** 83 PALM HARBOR FL 34683 Zip Code City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE SHOTE Respectived Agent sopertion in parent when recistable give ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 🔲 DELETE 1.170115 TITLE TONER, JAMES 1.2 NAME NAME 48 HILLSIDE COURT 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 1.4 CrTY - ST - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2 1 TISLE TIFLE 2.2 NAM5 TONER, PATRICIA NAME **48 HILLSIDE COURT** 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 2.4 CiTY - 51 - ZiP CITY - ST-ZIP Change DELETE 3 1 THUE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C/TY - ST. 7/P CITY-ST-ZP

6.4 CI\* Y - ST - 7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quely 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 trusted 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. CITY - ST - ZIP

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