

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000054712 (2)**

1. Corporation Name

**PICKWICK PAPERS SUPPLIES & EQUIPMENT, INC.**

Principal Place of Business

**3221 NE 2ND AVE.  
MIAMI FL 33137**

Mailing Address

**3221 NE 2ND AVE.  
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/25/1994**

3a. Date of Last Report

**7/25/94**

4. FEI Number

**65-0542144**

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**

6. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

**21 1681 KENNEDY CSWY.**

Suite, Apt. #, etc.

**22 100 A**

City & State

**23 N. BAY VILLAGE FL**

**24 33141**

Country

**25 USA**

2a. Mailing Address

**26 PO BOX 403026**

Suite, Apt. #, etc.

**27**

City & State

**28 MIAMI BCH. FL**

**29 33140**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**JACOBS, JEFFREY A  
2330 PONCE DE LEON BLVD.  
SUITE 201  
CORAL GABLES FL 33134**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 of individual or principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**4/27/95**

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP  
JACOBS, JERRY A  
3221 NE 2ND AVE.  
MIAMI FL 33137**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**DP**

**JACOBS, JERRY A**

**1681 KENNEDY CSWY. STE 100A**

**N. BAY VILLAGE FL 33141**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Agent