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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000032331 (7)

T & S BINDERY, INC.

**FILED** Feb 17 1998 8:00am Secretary of State

|--|

Principal Place 2925 SW 40TI GAINESVILLE  2. Principal Pl 21 Suite, Apt. 22 City & State	H BLVD FL 32608 ace of Business #, etc.	Mailing Address 2925 SW 40TH BLVD GAINESVILLE FL 32608  28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		DO NOT WRITE IN THE STATE OF THE STATE OF STATE	Applied For Not Applicable \$8.75 Additional Fee Required
Zip 24	Country 25	28 /m /m	Country 30	Election Campaign Financing     Trust Fund Contribution      This corporation owes or has paid the     Personal Property Tax due June 30.	\$5.00 May Be Added to Fees  current year Intangible  Yes No
MIC 303 ME	9. Name and Address of Currer DDLETON, JOHN D DDLETON, PRUGH & EDMONDS B STATE ROAD 28 LROSE FL 32666	, <b>P.A</b> . 22 and 607 1508 Florida Statut	83 84 City	poration submits this statement for the purpos	85 Zip Code
office or re agent I ar SIGNATURE	ogistered agent, or troth, in the State in familiar with, and accept the oblig 	of Florida, Such change was a ations of, Section 607 0505, Flo	authorized by the corpora	ition's board of directors. I hereby accept the	appointment as registered
NAME STREET ADDRESS CITY-ST-ZIP TITLE	HATSHERS, SHRON A 2925 SW 40TH BLVD GAINESVILLE FL P	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	HATCHER, THOMAS F 2925 SW 40TH BLVD GAINESVILLE FL	DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADORESS CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		_ , _
NAME STREET ADDRESS CITY-ST-ZIP		☐ DET€ 1E	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DETETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY- ST-ZIP		Change Addition

I hereby certify that the information supplied with this filling does not quality for the exemption stated in section 119.07(3)), Florida Statutes, Further cetting that the information indicated on this annual report or supplied mental arminal 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

2/10/98

377-1779