

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056229 (4)

1. Corporation Name

AMERICAN OFFICE EQUIPMENT OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

**910 E CERVANTES ST
PENSACOLA FL 32501**

**910 E CERVANTES ST
PENSACOLA FL 32501**

3. Date Incorporated or Qualified
07/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1519 CAPITAL CIRCLE N.E.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **UNIT # 35**

27

City & State

City & State

23 **TALLAHASSEE FL**

28

Zip

Country

Zip

Country

24 **32308**

25

USA

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-3329777

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**WALLACE, R. ROGER
910 E CERVANTES ST
PENSACOLA FL 32501**

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D WALLACE, R. ROGER**
STREET ADDRESS **910 E CERVANTES ST**
CITY - ST - ZIP **PENSACOLA FL 32501**

1.1 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

22 NAME

CITY - ST - ZIP

23 STREET ADDRESS

TITLE ☐ DELETE

NAME

24 CITY - ST - ZIP

STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP

32 NAME

TITLE ☐ DELETE

NAME

33 STREET ADDRESS

STREET ADDRESS

34 CITY - ST - ZIP

CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

52 NAME

CITY - ST - ZIP

53 STREET ADDRESS

TITLE ☐ DELETE

NAME

54 CITY - ST - ZIP

STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

64 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. ROGER WALLACE

Date

2/8/96

Daytime Phone #

904-432-1580

CR2E034 (12/95)