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

PROFIT CORPORATION ANNUAL REPORT

1997



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079564 (7)

OFFICEWORKS SUPPLIES, INC.

Principal Place of Business	Mailing Address
Villapai Viaco di Edomicas	Mailing Address
2509 NE 14TH ST	2509 NE 14TH ST
OCALA FL 34470	OCALA FL 34470-4801

FILED May 01 1997 8:00am Secretary of State



randipai riad	Trace of business Mailing Address					.,, .,,		
		2509 NE 14TH ST OCALA FL 34470-4801						
					3. Date Incorporated or Qualified 10/17/1995	3a. Date of Last Report 05/01/1996		
المنت	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21		26			59-3338858		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	g \$5.00 May Be Added to Fees		
Zip	Country	Zip	Coun	try	8. This corporation has liability for intangible tax under s. 199,032.			
24	25	29			Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
	MAN, DEANNA M		['	81 Name	PITTMAN, LEE J. III	-		
	NE 14TH ST		ļī.	Street /	Address (P.O. Boy Number is Not Accepted	ole)		
OCA	LA FL 34470			33	5305 SE 28TH ST			
			[4	34 City	A 0 - 1 0	FL 85 3	Code /	
11. Pursuant	to the provisions of Sections 607.03	02 and 607.1508. Florida Stati	iles, the abi	ove-named	OCALA corporation submits this statement for the p		its registered	
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was	authorized	by the corp	corporation submits this statement for the population's board of directors. I hereby accept	ot the appointment a	s registered	
	// ///// . /	<i>I III</i>	IUIDA SIAIU	ites.				
SIGNATURE	Signature, typed or printed native of registered a	gent and title if applicable (NC	III: Hegislered	Agent signature	PRMIDENT required when reinstating)	4-25	<u> </u>	
12,	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		(
TITLE	P	☐ DILLIE	1.1 7(1)	£ .		☐ Change	Addition 3	
NAME	PITTMAN, DEANNA M		1.2 NAN	/L				
STREET ADDRESS	5305 SE 28TH ST		1.3 SIR	EFT ADDRESS			į į	
CITY-ST-ZIP TITLE	OCALA FL 34471 V	☐ DELETE		r ST-ZIP		Change	Addison	
NAME	PITTMAN, LEE J III	L Dece ie	21101			☐ Change	Addition C	
STREET ADDRESS	5305 SE 28TH ST		2.2 NAN	FET ADDRESS				
CITY-ST-ZIP	OCALA FL 34471			Y+S1-ZIP				
TITLE	ST	DELETE	3 1 TITL			Change	Addition	
NAME	PITTMAN, GRACE L		3.2 NAM	AE		_ ,	_	
STREET ADDRESS	5305 SE 28TH ST		3.3 STR	EFT ADDRESS				
CITY-ST-ZIP	OCALA FL 34471		3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 Tits	£		Change	- Addition	
NAME			4. 2 NAI	ML			ŧ,	
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP		T out to		r-st-zip				
TITLE		L DELETE	5 1 TITE			☐ Change	Addition	
NAME CERCET ADDRESS			5.2 NAN					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6 1 TiTu	r·\$T-ZIP		Change	Addition	
NAME		L Occett	6.2 NAM				, Addition	
STREET ADDRESS				ECT ADDRESS				
CITY-ST-ZIP				r-ST-ZIP				
	by certify that the information suppli	ed with this filing does not pua			lated in Section 119.07(3)(i). Florida Statute	s. I further certify the	at 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 eath; 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.