

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90129 037 ***158.75

DOCUMENT # P96000085297

1. Corporation Name

TONER DISTRIBUTING OF KENTUCKY, INC.

Principal Place of Business

36410 US HWY 19 N
PALM HARBOR FL 33684
US

Mailing Address

36410 US HWY 19 NO
PALM HARBOR FL 34684
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1996

4. FEI Number

59-3404513

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 owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

BARBEE, JOHN JR.
36410 US HWY 19 NO
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

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

36370 US Hwy 19 N

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	DPST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBEE, JOHN JR.	1.2 NAME	
STREET ADDRESS	705-A LIVE OAK ST.	1.3 STREET ADDRESS	36370 US Hwy 19 N
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPELT, JAMES D	2.2 NAME	
STREET ADDRESS	1811 N BELCHER RD I-2	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBEE, JOHN JR.	3.2 NAME	RICK W. SABOLF
STREET ADDRESS		3.3 STREET ADDRESS	36370 US Hwy 19 N
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/99

727-781-1399

CR2E034 (1/98)