


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000015954 (5) 1. Corporation Name TONER TECH CARTRIDGE SERVICE, INC.		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4515 HIGHWAY 389 PANAMA CITY FL 32405		2a. Mailing Address 26 4515 HIGHWAY 389 PANAMA CITY FL 32405		3. Date Incorporated or Qualified 02/19/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3428077	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DEWEY, CRAIG D 22113 SUNNYSIDE LANE PANAMA CITY BEACH FL 32413				10. Name and Address of New Registered Agent	
				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 Craig D. Dewey (NOTE: Registered Agent signature required when reinstating) DATE 1-16-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DEWEY, CRAIG D	1.2 NAME	
STREET ADDRESS	22113 SUNNYSIDE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	REEDY-DEWEY, MADELINE A	2.2 NAME	
STREET ADDRESS	22113 SUNNYSIDE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: CRAIG D. DEWEY 1-16-98 850-265-5081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055173

CR2E034 (10/97)