Mailing Address

QUINCY FL 32353

P O BOX 165

Principal Place of Business

108 N ADAMS ST QUINCY FL 32351



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000056115

GADSDEN OFFICE SUPPLY, INC.

2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3518331 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip PNO 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name COTTON, WALTER J Street Address (P.O. Box Number is Not Acceptable) 108 N ADAMS ST QUINCY FL 32351 83 Zip Code 85 84 City 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. 2-17-99 WALTER 5. SIGNATURE Street or broad of Stered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE COTTON, WALTER J 1.2 NAME NAME 108 N ADAMS ST 1.3 STREET ADORESS STREET ADDRESS QUINCY FL 32351 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 2.1 TITLE TITLE COTTON, DOROTHY R 2.2 NAME NAME 108 N ADAMS ST 2.3 STREET ADDRESS STREET ADDRESS QUINCY FL 32351 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Cotton

DOROTHY R. COTTON 2-17-99

**FILED** Mar 04, 1999 8:00 am

**Secretary of State** 

03-04-1999 90264 012 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/23/1998

☐ Change

Addition |

CR2E034 (11/98)