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FILED  
Mar 19 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 # S22077 (9)

1. Corporation Name

SEMINOLE OFFICE PRODUCTS, INCORPORATED

Principal Place of Business

2655 CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308

Mailing Address

2655 CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1991

4. FEI Number

59-3036909

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1184 Capital Circle N.E.

Suite, Apt #, etc.

22 E

City & State

23 Tallahassee, FL

Zip

24 32301

Country

25 USA

2a. Mailing Address

26 1184 Capital Circle N.E.

Suite, Apt #, etc.

27 E

City & State

28 Tallahassee, FL

Zip

29 32301

Country

30 USA

9. Name and Address of Current Registered Agent

CUMMINGS, GREGORY J.  
304 NORTH MERIDIAN ST.  
SUITE 3  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ST  
CHASTAIN, ALVA B.  
STREET ADDRESS P.O. BOX 13235  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ DELETE

NAME V  
LEE, DONALD R.  
STREET ADDRESS 4110 SONNET DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME P  
HIERS, TURNER  
STREET ADDRESS RT. 5, BOX 152  
CITY-ST-ZIP HAVANA FL

TITLE ☐ DELETE

NAME V  
THURMOND, DUANE H.  
STREET ADDRESS RT. 3 BOX 5009  
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V  
THURMOND, DUANE H.  
168 Oak Street  
Crawfordville, FL. 32327

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: Turner Hiers TURNER HIERS

(850)877-3535

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