FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

MAY -1 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S49336 (8)

1. Current Name
CYPRESS BUSINESS FORMS, INC.

Principal Place of Business
3435 PHILLIPS HWY
S301
JACKSONVILLE FL 32207

Mailing Address
POST OFFICE BOX 47466
JACKSONVILLE FL 32247-7466
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1991
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21 3617 Crown Point Road
Suite, Apt. # or Bldg.
22 # 10
City & State
23 Jacksonville Fl.
Zip
24 32257
County
25 USA

2a. Mailing Address
26 ← Same
State, Apt. # or Bldg.
27
City & State
28
Zip
29
County
30

4. FEI Number
59-3064016
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMYTH JR, CHARLES D.
3435 PHILLIPS HWY
SUITE 203
JACKSONVILLE FL 32207

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 Section 607.0505, 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

12. OFFICER(S) AND DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☒ Change ☐ Addition
1 NAME	SMYTH, CHARLES D JR	1 NAME	
1 STREET ADDRESS	3435 PHILLIPS HWY S301	1 STREET ADDRESS	3617 Crown Point Road #10
1 CITY-ST-ZIP	JACKSONVILLE FL	1 CITY-ST-ZIP	Jacksonville, Fl. 32257
2 TITLE		2 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
2 STREET ADDRESS		2 STREET ADDRESS	
2 CITY-ST-ZIP		2 CITY-ST-ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report, pursuant to and required by Section 607.0505, Florida Statutes, 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 above, or on an attachment with all other like empowered.

SIGNATURE: Charles Smyth Charles Smyth 4-28-95 (904)398-2725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone

0407681 FP