

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S63632** (1)

1. Corporation Name

LEITZ & REED OFFICE PRODUCTS, INC.



Principal Place of Business

**425 E 15TH ST.
PANAMA CITY FL 32405**

Mailing Address

**PO BOX 35150
LYNN HAVEN FL 32444-0245
US PANAMA CITY FL
32412-5150**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 35150		06/27/1991	
23 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
24 Zip		28 PANAMA CITY		59-3078387	
25 Country		29 FL		5. Certificate of Status Desired	
		30 32412-5150		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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

**LEITZ, LAJOYCE M
8137 BRANDON RD
PANAMA CITY FL 32404**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PGM	LEITZ, LAJOYCE M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8137 BRANDON RD.		1.3 STREET ADDRESS	
PANAMA CITY FL		1.4 CITY - ST - ZIP	
DT	REED, JANET D.	2.1 TITLE	2.2 NAME
1001 GOOSE BAYOU RD.		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
LYNN HAVEN FL		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	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: *Sandra B. Mortham* *LaJoyce M. Leitz* 1/19/98 850 324-6931

CR2E034 (10/97)