

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S95489** (8)

1. Corporation Name

HIGHLANDS OFFICE SUPPLY, INC.



Principal Place of Business

Mailing Address

% KATHLEEN M. MEASNER
121 S. COMMERCE AVENUE
SEBRING FL 33870

% KATHLEEN M. MEASNER
121 S. COMMERCE AVENUE
SEBRING FL 33870

3. Date Incorporated or Qualified

11/20/1991

3a. Date of Last Report

09/21/1995

4. FEI Number

59-3090801

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

MEASNER, KATHLEEN M.
121 S. COMMERCE AVENUE
SEBRING FL 33870

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 of registered person or new registered agent, if applicable.

(NOTE: Registered Agent signature required when effecting change.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D
NAME MEASNER, KATHLEEN M.
STREET ADDRESS 121 S. COMMERCE AVE
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE D
NAME BANIS, RICHARD
STREET ADDRESS 1772 MACOPIN ROAD
CITY-ST-ZIP W. MILFORD NJ

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard P. Banis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

6/12/96 941-385-7748
Date Registered Person's #

CR2E034 (3/96)