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FILED
Apr 21 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 # **P05644** (0)
1. Corporation Name
KING BUSINESS FORMS CORPORATION

Principal Place of Business

**5700 CASEY DRIVE
KNOXVILLE TN 37909
US**

Mailing Address

**P.O. BOX 51410
KNOXVILLE TN 37950-1410
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1985	
21		26		4. FEI Number 62-0875173	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>	
23		28		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	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	STD	1.1	TITLE
NAME	KING, ANN	1.2	NAME
STREET ADDRESS	6315 EMORY ROAD, E.	1.3	STREET ADDRESS
CITY-ST-ZIP	KNOXVILLE TN	1.4	CITY-ST-ZIP
TITLE	PD	2.1	TITLE
NAME	KING, JIMMY	2.2	NAME
STREET ADDRESS	6315 EMORY ROAD, E.	2.3	STREET ADDRESS
CITY-ST-ZIP	KNOXVILLE TN	2.4	CITY-ST-ZIP
TITLE	V	3.1	TITLE
NAME	FLEENOR, ROY	3.2	NAME
STREET ADDRESS	1316 KNIGHTSBRIDGE DRIVE	3.3	STREET ADDRESS
CITY-ST-ZIP	KNOXVILLE TN	3.4	CITY-ST-ZIP
TITLE	ST	4.1	TITLE
NAME	SANDE, LORI	4.2	NAME
STREET ADDRESS	8431 COPPOCK ROAD	4.3	STREET ADDRESS
CITY-ST-ZIP	CORRYTON TN	4.4	CITY-ST-ZIP
TITLE		5.1	TITLE
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE		6.1	TITLE
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		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:

Roy H. Fleenor

02/16/98

(423) 588-6600

CR2E034 (10/97)