

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **409593** (1)

1. Corporation Name  
**TOWN STREET PRINT SHOP, INC**



Principal Place of Business: **10 EAST JORDAN STREET P O BOX 18630 PENSACOLA FL 32523-8630 US**

Mailing Address: **10 EAST JORDAN STREET P O BOX 18630 PENSACOLA FL 32523-8630 US**

3. Date Incorporated or Qualified: **09/26/1972**

3a. Date of Last Report: **01/27/1995**

4. FEI Number: **59-1414740**

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, 22, 23, 24

2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**TRAWEEK, FRED A.  
10 EAST JORDAN ST.  
PENSACOLA FL 32501-1782**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

[ ] DELETE

TITLE: **P**

NAME: **TRAWEEK, FRED A.**

STREET ADDRESS: **3920 SCHIFKO RD**

CITY-ST-ZIP: **CANTONMENT FL**

TITLE: **ST**

NAME: **TRAWEEK, LINDA E.**

STREET ADDRESS: **3920 SCHIFKO RD**

CITY-ST-ZIP: **CANTONMENT FL**

[ ] DELETE

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

[ ] DELETE

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

[ ] DELETE

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

11 TITLE: \_\_\_\_\_

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: \_\_\_\_\_

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda E. Traweck* **LINDA E. TRAWEEK** **3/14/96** **904-432-8300**

SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)