FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **623735** **(8)**

1. Corporation Name

PARTHENON PRINTS, INC.

Principal Place of Business	Mailing Address
909 W 39TH STREET PO BOX 2505 PANAMA CITY FL 32402	909 W 39TH STREET PO BOX 2505 PANAMA CITY FL 32402

3. Date Incorporated or Qualified: **06/04/1979**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1915265** ☐ 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

SALE, THOMAS, JR.
602 HARRISON AVENUE, SUITE ONE
PANAMA CITY FL 32401

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, DOROTHY SR		1.2 NAME		
STREET ADDRESS	8200 SURF DR., #412		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32408		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HARRIS, THEONNE		2.2 NAME		
STREET ADDRESS	~~105 MARLIN CIR.BAYPOINT 4226~~		2.3 STREET ADDRESS	4226 Harbour Villas	
CITY-ST-ZIP	PANAMA CITY FL 32411		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, DOROTHY		3.2 NAME		
STREET ADDRESS	4425 THOMAS DR. #502		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32408		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, GUS, JR		4.2 NAME		
STREET ADDRESS	304 FLORIDA AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(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: Dorothy Harris 4/24/96 904 769 8321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)