

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F49364** (5)

1. Corporation Name
PENSACOLA PRINT, INC.

Principal Place of Business Mailing Address
% FRANCES R ROESCH
1545 OLIVE ROAD
PENSACOLA FL 32514-4825

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/12/1981** 3a. Date of Last Report **05/19/1994**
4. FEI Number **59-2141357** 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. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3710 N. PACE BLVD** 26
22 **PENSACOLA FL** 27
23 **32505** 28
24 Zip 25 **USA** 29 Country 30

9. Name and Address of Current Registered Agent
J CLAYTON ROESCH
1545 OLIVE ROAD
PENSACOLA FL 32514

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3710 PACE BLVD
83
84 City **PENSACOLA** FL 85 Zip Code **32505**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROESCH, TOM W	1.2 NAME	ROESCH, J CLAYTON
STREET ADDRESS	1545 OLIVE RD	1.3 STREET ADDRESS	3710 N. PACE BLVD.
CITY - ST - ZIP	PENSACOLA, FL 00000	1.4 CITY - ST - ZIP	PENSACOLA FL 32505
TITLE	VPSI	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROESCH, MICHAEL B	2.2 NAME	K
STREET ADDRESS	1545 OLIVE RD	2.3 STREET ADDRESS	"
CITY - ST - ZIP	PENSACOLA, FL 00000	2.4 CITY - ST - ZIP	"
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROESCH, J CLAYTON	3.2 NAME	"
STREET ADDRESS	1545 OLIVE RD	3.3 STREET ADDRESS	"
CITY - ST - ZIP	PENSACOLA, FL 00000	3.4 CITY - ST - ZIP	"
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROESCH, JOE O	4.2 NAME	"
STREET ADDRESS	1545 OLIVE RD	4.3 STREET ADDRESS	"
CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	"
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 (changing only in an addition) with an address.

SIGNATURE: **J. Clayton Roesch** (Signature and Typed Name of Signing Officer or Director) DATE: **4/5/95** (Date) 904
434-2664 (Telephone Number)