

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F49364** (5)

1. Corporation Name
PENSACOLA PRINT, INC.



Principal Place of Business: **3710 N PACE BLVD, 1545 OLIVE ROAD, PENSACOLA FL 32505 US**
Mailing Address: **3710 N PACE BLVD, 1545 OLIVE ROAD, PENSACOLA FL 32505 US**

3. Date Incorporated or Qualified: **10/12/1981**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business: **824 CREIGHTON RD**
21. Suite, Apt. #, etc.:
22. City & State: **PENSACOLA FL**
23. Zip: **32504** Country:
24. Mailing Address: **AMS**
26. Suite, Apt. #, etc.:
27. City & State:
28. Zip: Country:

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 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
J CLAYTON ROESCH, 3710 PACE BLVD, PENSACOLA FL 32505
824 CREIGHTON RD, 32504

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
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, as shown with, 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]* (NOTE: Registered Agent Signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROESCH, J. C	
STREET ADDRESS	3710 N PACE BLVD	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	ROESCH, J. C	
STREET ADDRESS	3710 N PACE BLVD	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	ROES	<input type="checkbox"/> DELETE
NAME	CH, J. C	
STREET ADDRESS	3710 N PACE BLVD	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROESCH, J. C	
STREET ADDRESS	3710 N PACE BLVD	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	824 CREIGHTON RD
1.3 STREET ADDRESS	PENSACOLA FL 32504
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 checked on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/22/96** 904 434-2604
Daytime Phone #

CR2E034 (12/95)