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
FILED
95 MAY -1 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F78349** **(0)**

1. Current Name
SEBRING MULTIPLE LISTING SERVICE, INC.

Principal Place of Business	Mailing Address
3200 US 27 SOUTH SUITE 204 SEBRING FL 33870	3200 US 27 SOUTH SUITE 204 SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/30/1982**
3a. Date of Last Report: **04/29/1994**

2. Principal Office (21)
2a. Mailing Address (26)
Suite/Apt. # (22) (27)
City & State (23) (28)
Zip (24) (29) County (25) (30)

4. FEI Number: **59-2205923** ☐ 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

FULCHER, LYNDA D
3200 US 27 SOUTH, STE.204
SEBRING FL 33870

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	TITLE	P Elect	☒ Change ☐ Addition
NAME	BORING, LINDA W	NAME	BORING, LINDA W	
STREET ADDRESS	2359 US 27 S	STREET ADDRESS	2359 US 27 S	
CITY ST ZIP	SEBRING, FL 33870	CITY ST ZIP	SEBRING FL 33870	
TITLE	D	TITLE	VP	☒ Change ☐ Addition
NAME	SWAINE, MARY L	NAME	KNUTSON, IRENE	
STREET ADDRESS	1731 BIGNONIA DR	STREET ADDRESS	2701 SR 66	
CITY ST ZIP	SEBRING FL	CITY ST ZIP	SEBRING FL 33870	
TITLE	P	TITLE	S	☒ Change ☐ Addition
NAME	ECKMAN, JEAN	NAME	HERNANDEZ, BEVERLY	
STREET ADDRESS	720 SEBRING SQ	STREET ADDRESS	3163 US HIGHWAY 27 S	
CITY ST ZIP	SEBRING FL	CITY ST ZIP	SEBRING FL 33870	
TITLE	D	TITLE	T	☒ Change ☐ Addition
NAME	PACK, FAYE	NAME	MARABEL, STEVE	
STREET ADDRESS	1981 US 27 S	STREET ADDRESS	2359 US 27 S	
CITY ST ZIP	SEBRING FL	CITY ST ZIP	SEBRING FL 33870	
TITLE	P	TITLE		☐ Change ☐ Addition
NAME	PADGETT, LANCE L	NAME		
STREET ADDRESS	1427 US 27 S.	STREET ADDRESS		
CITY ST ZIP	SEBRING FL 33870	CITY ST ZIP		
TITLE	EO	TITLE		☐ Change ☐ Addition
NAME	FULCHER, LYNDA D	NAME		
STREET ADDRESS	3200 US 27 S.	STREET ADDRESS		
CITY ST ZIP	SEBRING FL 33870	CITY ST ZIP		

14. I declare, I 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 with an asterisk or an attachment with an asterisk.

SIGNATURE: Lynda D. Fulcher 5/1/95 (813) 385-6014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
LYNDA D. FULCHER, EO

0314176 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # F78594 (1)

1. Corporate Name
A N D PRINTING, INC.

Principal Place of Business
270 SEMORAN COMMERCE PLACE
APOPKA FL 32703

Mailing Address
270 SEMORAN COMMERCE PLACE
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1982
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2196472 | 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

2. Principal Place of Business
2a. Mailing Address
21 / 26 Street Address
22 / 27 Suite, Apt. #, etc.
23 / 28 City & State
24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MURASKO, JOSEPH M.
505 U.S. HIGHWAY 17-92, P.O. DRAWER 746
FERN PARK FL 32730

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MORRISON, RICHARD ALAN
STREET ADDRESS	2714 CLOUDCROFT DR
CITY-ST-ZIP	APOPKA, FL 00000
TITLE	VTD
NAME	MORRISON, DONNIE G
STREET ADDRESS	2714 CLOUDCROFT DR
CITY-ST-ZIP	APOPKA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(Six blocks: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — [ ] Change [ ] Addition)

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: Richard Alan Morrison / Richard Alan Morrison 04/27/95 407-889-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE | TELEPHONE #

0038200 CP