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 # **F94000005169 (7)**

1. Corporation Name

CRANE TYPESETTING SERVICE, INC.

Principal Place of Business	Mailing Address
4288 JOTOMA LANE CHARLOTTE HARBOR FL 33980	4288 JOTOMA LANE CHARLOTTE HARBOR FL 33980

3. Date Incorporated or Qualified: **10/05/1994**

3a. Date of Last Report: **08/17/1995**

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: **04-2721821** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Thomas Lewis

82 Street Address (P.O. Box Number is Not Acceptable): 4288 Jotoma Ln.

83:

84 City: Charlotte Harbor **FL** 85 Zip Code: 33980

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: X THOMAS LEWIS
Signature, typed or printed name of registered agent (Required for Application)

X Thomas Lewis
(NOTE: Registered Agent signature required for reinstating)

4/26/96
DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCDT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, THOMAS		1.2 NAME		
STREET ADDRESS	3284 TRIPOLI BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARNETT, MARCIA		2.2 NAME		
STREET ADDRESS	47 COLE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON MA		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DURRELL, PRISCILLA		3.2 NAME		
STREET ADDRESS	P.O. BOX 491		3.3 STREET ADDRESS		
CITY-ST-ZIP	W. BARNSTABLE MA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, PAMELA		4.2 NAME		
STREET ADDRESS	100 FRANKLIN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		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	400001846484 -05/31/96--01082--040 ***200.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5/1 32

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: X Thomas Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

8941-627-4800
Daytime Phone #

CR2E034 (12/95)