FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P93000009162 (7) **DOCUMENT #** PRODUCTION INK CORPORATION Principal Place of Business Mailing Address 2826 N.E. 19TH DRIVE 2826 N.E. 19TH DRIVE GAINESVILLE FL 32001 GAINESVILLE FL 32001 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/25/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3163262 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name -CHRISTMANN, THOMAS:G. Sharon Parrish 527-E UNIVERSITY AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) 5608 NW 435t GAMESVILLE FL 32004 83 ainesulle, FL 32653 84 City 85 Zip Code 3 607, 1508 Micrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered order. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered order, of, Shorty in 607,0505, Florida Statutes. 11. Pursuant to the office or re-SHARON D. PARRUH. SIGNAT 12. DELETE Change Addition TITLE 1.1 TITLE VAN NORTWICK, TERRY B NAME 1.2 NAME 2826 NE 19TH DR. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELFTE Change Addition 2.1 TITLE TITLE AMERSON, JOHN NAME 2.2 NAME 2826 NE 19TH DR. STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3 1 TITLE Change EIDSON, JOAN NAME 3.2 NAME 9200 NW 36 PLACE, STE A STREET ADDRESS 3 3 STREET ADDRESS **GAINESVILLE FL** 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 frue 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.

6.3 STREET ADDRESS

61 TITLE 62 NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

Bellan Nortenk

DELETE

352/377-8978

__ Change

Addition

CR2E034 (10/9)