

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:53

DOCUMENT # P12622 (7)
1. Corporation Name
PROGRESSIVE INK COMPANY

Principal Place of Business Mailing Address
P O BOX 220 SHERIDAN AR 72150 **P O BOX 220 SHERIDAN AR 72150**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1986	3a. Date of Last Report 05/01/1994
21	Suite, Apt. #, etc.		26	4. FEI Number 71-0600738	Applied For Not Applicable
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, JERRY L.	1.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 140A	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHERIDAN AR	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, MARGARET H.	2.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 140A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHERIDAN AR	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, MARGARET H.	3.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 140A	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHERIDAN AR	3.4 CITY-ST-ZIP	
TITLE	VO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, JIMMY	4.2 NAME	
STREET ADDRESS	499 OUACHITA 97	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEARDEN AR	4.4 CITY-ST-ZIP	
TITLE	VO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERS, CAREY	5.2 NAME	
STREET ADDRESS	315 ROBERTS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MONROE LA	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 if changed, or on an attachment with an address.

SIGNATURE: Jerry L. Mosley **JERRY L. MOSLEY** 3-15-95 (501) 942-4700
DATE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Signature)