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 AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 393360 (3)

1. Corporation Name

MORAN PRINTING COMPANY

Principal Place of Business	Mailing Address
9125 BACHMAN ROAD ~~P.O. BOX 592068~~ ORLANDO FL ~~32859~~	~~9125 BACHMAN ROAD~~ P.O. BOX 592068 ORLANDO FL 32859

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1971
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 59-1375649 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24: 32824
Country — 25: ORANGE
Zip — 29:
Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOFSINGER, MICHAEL R 9125 BACHMAN ROAD ORLANDO FL ~~32859~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 32824

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	MORAN, VIRGINIA L	12 NAME	
STREET ADDRESS	9125 BACHMAN	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	NOFSINGER, MICHAEL R	22 NAME	
STREET ADDRESS	4425 WINDERLAKES DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	CS	31 TITLE	☐ Change ☐ Addition
NAME	MORAN, DONALD	32 NAME	
STREET ADDRESS	301B MASTERS BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	REEMS, ROLAND B	42 NAME	
STREET ADDRESS	2045 WOODY DR	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	GROOVER, C. ROY	52 NAME	
STREET ADDRESS	1613 ROBERTS LANDING RD	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	ASD	61 TITLE	☐ Change ☐ Addition
NAME	PAYE, ROBERT	62 NAME	
STREET ADDRESS	3018 MASTERS BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 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)(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: C. Roy Groover 5/10/95 (407) 859-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0419008 FP