**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 APR 28 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **145859** **(5)**

1. Corporation Name
**THE GUILD PRESS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 447 EAST 21ST STREET<br>JACKSONVILLE FL 32206-2201 | 447 EAST 21ST STREET<br>JACKSONVILLE FL 32206-2201 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/11/1960**
3a. Date of Last Report: **05/24/1994**

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

4. FEI Number: **59-0542387** ☐ 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

**SIKES, JOHN M., JR.**
**4143 SAN JUAN AVENUE**
**JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) N/A P.O. Box 1303 (ALL MAIL)
83 5010-1 County Rd 214
84 City Keystone Hts FL 85 Zip Code 32656

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 | PT | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SIKES, JOHN M., JR. | 1.2 NAME | | |
| STREET ADDRESS | 4143 SAN JUAN AVENUE | 1.3 STREET ADDRESS | P.O. BOX 1303 | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | Keystone Hts. FL 32656 | |
| TITLE | V | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SIKES, MARIAN M. | 2.2 NAME | | |
| STREET ADDRESS | 4143 SAN JUAN AVENUE | 2.3 STREET ADDRESS | P.O. Box 1303 | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | Keystone Hts, FL 32656 | |
| TITLE | V | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOLLOWAY, SHERRY S. | 3.2 NAME | | |
| STREET ADDRESS | 1262 MENNA STREET | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | | |
| TITLE | V | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CUNNINGHAM, KARI S. | 4.2 NAME | | |
| STREET ADDRESS | 418 SUNSET DRIVE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | | |
| TITLE | S | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SIKES, JOHN M., III | 5.2 NAME | | |
| STREET ADDRESS | 4143 SAN JUAN AVENUE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ 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)(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:** Marian M. Sikes Marian M. Sikes 4/24/95 904/355-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022706 CP