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

1. Corporation Name
THE GUILD PRESS, INC.

Principal Place of Business	Mailing Address
447 EAST 21ST STREET **JACKSONVILLE FL 32206-2201**	**447 EAST 21ST STREET** **JACKSONVILLE FL 32206-2201**

3. Date Incorporated or Qualified: **05/11/1960**
3a. Date of Last Report: **04/28/1995**

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: **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.
P.O. BOX 1303
5010-1 COUNTY RD. 214
KEYSTONE HTS FL 32656

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of New Registered Agent, if changed) (Printed Name & Capacity of Officer Signing Above) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PT	☐ DELETE
NAME	SIKES, JOHN M., JR.	
STREET ADDRESS	P.O. BOX 1303	
CITY-ST-ZIP	KEYSTONE HTS FL	
TITLE	V	☐ DELETE
NAME	SIKES, MARIAN M.	
STREET ADDRESS	P.O. BOX 1303	
CITY-ST-ZIP	KEYSTONE HTS FL	
TITLE	V	☐ DELETE
NAME	HOLLOWAY, SHERRY S.	
STREET ADDRESS	1262 MENNA STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	CUNNINGHAM, KARI S.	
STREET ADDRESS	418 SUNSET DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	SIKES, JOHN M., III	
STREET ADDRESS	4143 SAN JUAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	P.O. Box 1303 (N/A)	
1.4 CITY-ST-ZIP	Keystone Hts. FL 32656	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	P.O. Box 1303 (N/A)	
2.4 CITY-ST-ZIP	Keystone Hts, FL 32656	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	700001797367 -04/29/96--01018--024 ***200.00	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	P.O. Box 1303 (N/A)	
5.4 CITY-ST-ZIP	Keystone Hts, FL 32656	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 attached sheet, with an address.

SIGNATURE: Marian M. Sikes MARIAN M. SIKES 4/10/96 904 355-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)