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 # 193432 (2)

1. Corporation Name

SOUTHSIDE BLUEPRINT SERVICE INC

Principal Place of Business
1024 KINGS AVE
JACKSONVILLE FL 32207

Mailing Address
1024 KINGS AVE
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 05/30/1956
3a. Date of Last Report: 09/25/1995
4. FEI Number: 59-0770448 — [ ] 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

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

9. Name and Address of Current Registered Agent

TUCKER, JAMES A.
SOUTHSIDE BLUEPRINT SERVICE, INC.
1024 KINGS AVENUE
JACKSONVILLE FL 32207

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

Field	Value	Delete
TITLE	CB	[X] DELETE
NAME	COLBERT, RALPH C.	
STREET ADDRESS	3739 RUSTIC LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	[ ] DELETE
NAME	TUCKER, JAMES A.	
STREET ADDRESS	8619 VILLA SAN JOSE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	[X] DELETE
NAME	COLBERT, RALPH C., JR.	
STREET ADDRESS	3924 MISSION DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	[X] DELETE
NAME	MCDOWELL, MIKE	
STREET ADDRESS	1234 LAKEWODD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	[ ] DELETE
NAME	MCDOWELL, ROBERT ALLEN	
STREET ADDRESS	1234 LAKEWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
1 TITLE	CB	[X]	[ ]
1 NAME	MCDOWELL, MIKE		
1 STREET ADDRESS	1234 LAKEWOOD ROAD		
1 CITY-ST-ZIP	JACKSONVILLE, FL		
2 TITLE	ST	[X]	[ ]
2 NAME	COLBERT, RALPH C., JR.		
2 STREET ADDRESS	3924 MISSION DR.		
2 CITY-ST-ZIP	JACKSONVILLE, FL		
3 TITLE	D	[ ]	[X]
3 NAME	BAKER, STEWART		
3 STREET ADDRESS	1007 ELDER LANE		
3 CITY-ST-ZIP	JACKSONVILLE, FL		
4 TITLE		[ ]	[ ]
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		[ ]	[ ]
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		[ ]	[ ]
6 NAME			
6 STREET ADDRESS			
6 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mike P. McDowell   3/26/96   398-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)