

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 # 205582 (0)

1. Corporation Name

ADVANCE PRINTERS, INC.



Principal Place of Business

Mailing Address

1609 ALDEN ROAD  
P.O. BOX 2771  
ORLANDO FL 32803  
US

P.O. BOX 541611  
P.O. BOX 2771  
ORLANDO FL 32854  
US

2. Principal Place of Business

21 1407 Alden Rd.

2a. Mailing Address

26 P.O. Box 541611

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO FL 32803

City & State

28 ORLANDO FL

Zip

Country

24 32803

25 USA

Zip

Country

29 32854

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/02/1957

3a. Date of Last Report

04/27/1995

4. FEI Number

59-0815173

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

10. Name and Address of New Registered Agent

HALL, A.R.  
1651 WILD FOX DR.  
CASSELBERRY FL 32707

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MOORE, R.G.  
STREET ADDRESS 3807 SURREY DR.  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D  
NAME MCCORMICK, JOHN  
STREET ADDRESS 501 E. CHURCH ST.  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE DV  
NAME HALL, A.R.  
STREET ADDRESS 1651 WILD FOX DR.  
CITY-ST-ZIP CASSELBERRY FL

3.1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE TD  
NAME ROSS, R. M.  
STREET ADDRESS 639 ROBERTA AVENUE  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
62 NAME  
63 STREET ADDRESS  
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)(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:

A.R. Hall - A.R. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (407) 898-4444

Date

Daytime Phone #

CR2E034 (12/95)