## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 27 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # 208929

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STANDARD PRINTING & OFFICE SUPPLY INC.

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12 SARAGOS ST AUGUSTIN		Mailing Address 12 Saragossa Street St augustine FL 3209				
					3. Date Incorporated or Qualified 01/08/1958	3a. Date of Last Report 01/29/1996
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-0818232	Applied For Not Applicable	
Suite, Apr. #. etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City 8 St:	afe	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country 25	Ζιρ <b>29</b>	Counti	У		Yes No
MC	<ol> <li>Name and Address of Currer</li> <li>GRATH JR, WILLIAM J</li> </ol>	nt Registered Agent	8	Name	10. Name and Address of New Re	gistered Agent
12 SARAGOSSA ST ST AUGUSTINE FL 32085			82 Street Addre		ress (P.O. Box Number is Not Acceptat	ole)
31	AUGUSTINE PL 32003		8		1111	
			8	City		FL 85 Zip Code
11. Pursuan office or	nt to the provisions of Sections 697 050 registered agent or both, in the State	2 and 607.1508, Florida State of Florida Such change was	utes, the abo	ve-named corp by the corporal	poration submits this statement for the pation's board of directors. I hereby acception's	ourpose of changing its registered of the appointment as registered
SIGNATURE	Marie Hallia	11/2			- the	1.1997
12.	OFFICERS AN		13.	gent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TIPLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	MCGRATH JR, WILLIAM J		1.2 NAM!	<b>1</b>		
STHEET ADDRESS	12 SARAGOSSA ST ST AUGUSTINE FL		1	ET ADDRESS		
C TY - ST - ZIP TITLE	STD	DELETE	1.4 CITY- 2.1 TITLE			Change Addition
NAME	MCGRATH, ELIZABETH G		2.2 NAM			
STREET ADDRESS	40 04B400004 07		23 STRE	ET ADDRESS		
ČILY+ST ZIE	ST AUGUSTINE FL		2. 4 CITY	-ST-ZIP		
TRUE	D	☐ DELETE	3.1 TITLE	ſ	" <i>•</i>	Change Addition
NAME	MCGRATH, KATHRYN A		3.2 NAM	· .		
STHEEF ADDRESS	12 SARAGOSSA ST ST AUGUSTINE FL		3 3 STRE 3 4. CITY	ET ADDRESS		-
CHY-S1-Zie:	OT ADODOMIL TE	DELETE	4.1 7/118			☐ Change ☐ Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CHA 21-50			4.4 C(TY			
FILE		DETEIE	5 1 TITLE	}		Change Addition
NAME COURT - NOTICE			5 2 NAM	ļ		
STRELT ADDRESS			5.4 CITY	ET ADDRESS		
City - St - 7IP Title		DELETE	6.1 TITLE			Change Addition
NAMI		<del></del>	6.2 NAM			•
STREET ADDRESS	,		63STAE	et address		•

14. I do hereby certify to at the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicarcation this annual report or supplemental abrual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an other or director of the conformation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an appears.

William J. McGrath, Jr.

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