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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 221435 (1)
1. Corporation Name
AD-PRINT INC



Principal Place of Business
1111 WEST CASS STREET
TAMPA FL 33606

Mailing Address
1111 WEST CASS STREET
TAMPA FL 33606-1908

3. Date Incorporated or Qualified 03/16/1959
3a. Date of Last Report 02/07/1996

4. FEI Number 59-0865952
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONWAY, JOSEPH, SR.
1111 WEST CASS STREET
TAMPA FL 33606

Deceased
10/19/96

81 Name Carolyn Elizabeth Conway
82 Street Address (P.O. Box Number is Not Acceptable)
1111 W. Cass Street
83 #
84 City Tampa FL 85 Zip Code 33606

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 CONWAY, JOSEPH, SR.
STREET ADDRESS 1111 WEST CASS STREET
CITY-ST-ZIP TAMPA FL
DELETED ☒ DELETED
Deceased 10/19/96

TITLE VPD
NAME CONWAY, JAMES
STREET ADDRESS 1111 WEST CASS STREET
CITY-ST-ZIP TAMPA FL
DELETED ☐ DELETED

TITLE STD
NAME CONWAY, CAROLYN
STREET ADDRESS 1111 WEST CASS STREET
CITY-ST-ZIP TAMPA FL
DELETED ☐ DELETED

TITLE VPD
NAME CONWAY, WILLIAM
STREET ADDRESS 1111 WEST CASS STREET
CITY-ST-ZIP TAMPA FL
DELETED ☐ DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED ☐ DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED ☐ DELETED

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change ☐ Addition ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change ☐ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing 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: [Signature]

3-25 97

CR2E034 (9/96)