

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 APR 27 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 240510 (8)**  
1. Corporation Name  
**WICKS PRINTING CO., INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**750 CLAY ST WINTER PARK FL 32789**

3. Date Incorporated or Qualified **09/23/1960** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-0908635** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**SMITH, CARROLL J.  
436 E. OAKHURST ST.  
ALTAMONTE SPRINGS FL 32701**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 (print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SMITH, CARROLL J.
STREET ADDRESS	436 E. OAKHURST STREET
CITY, ST, ZIP	ALTAMONTE SPRS FL
TITLE	ST
NAME	SMITH, EDITH J.
STREET ADDRESS	436 E. OAKHURST STREET
CITY, ST, ZIP	ALTAMONTE SPRS FL
TITLE	VM
NAME	SMITH, BRYAN
STREET ADDRESS	273 GARY BLVD.
CITY, ST, ZIP	LONGWOOD FL
TITLE	VD
NAME	SMITH, RANDALL C.
STREET ADDRESS	436 E. OAKHURST ST.
CITY, ST, ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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: *Edith J. Smith / Edith J. Smith* 4/24/95 407.628.9899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)