

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 28 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 240510

1. Corporation Name

WICKS PRINTING CO., INC.

Principal Place of Business
**750 Clay Street
Winter Park, FL 32789**

Mailing Address
**P.O. Box 1899
Winter Park, FL 32790-1899**

| | |
|--|--|
| 3. Date Incorporated or Qualified 9/23/60 | 3a. Date of Last Report 5/1/96 |
| 4. FEI Number 59-0908635 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

William R. Harger
507 N New York Avenue
Winter Park, FL 32789

10. Name and Address of New Registered Agent

81 Name
F & L Corp.

82 Street Address (P.O. Box Number is Not Acceptable)
The Greenleaf Building

83 **200 Laura Street**

84 City
Jacksonville, FL 85 Zip Code
32202-3527

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 **John A. Sanders, Agent** *[Signature]* DATE **7/21/97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Harger, William R. | 1.2 NAME | |
| STREET ADDRESS | c/o Foley & Lardner | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | 111 N Orange Ave, Ste 1800 Orlando, FL 32801 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | P/S Harger, Edward J. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | c/o Foley & Lardner |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | 111 N Orange Ave, Ste 1800 Orlando, FL 32801 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Harger, Michael T. |
| STREET ADDRESS | | 3.3 STREET ADDRESS | c/o Foley & Lardner |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | 111 N Orange Ave, Ste 1800 Orlando, FL 32801 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | 000002250920--2 |
| STREET ADDRESS | | 4.3 STREET ADDRESS | -07/29/97--01084--004 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | ****558.75 ****558.75 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 7-28-97 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: **Edward J. Harger, President** *[Signature]* DATE **7/22/97**

CR2E034 (9/96)