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

DOCUMENT # 288128

(2)

FUTCH PRINTING & MAILING, INC.

FILED Apr 17 1997 8:00am Secretary of State

Principal Plac 228 EAST FOR JACKSONVILLE		Mailing Address 228 EAST FORSYTH STREET JACKSONVILLE FL 32202-3320							
						3. Date Incorporated or Qualified 12/28/1964		te of Last F 5/1996	Report
2, Principal F 21	Place of Business	2a. Mailing Addre	2a. Mailing Address 26			4. FEI Number 59-1086767	Applied For Not Applicable		
Suite, Apt	#, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired			Additional equired
City & Sta	de	City & State		********		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zp	Country 25	Zip 29	30	untry	,	This corporation has liability for Florida Statutes	intangible Tyes [s. 199.032,
24	9, Name and Address of Cur		1301	T		10. Name and Address of New Re			
EI IT	CH, SHUFORD M III	telli registeres rigerix		81	Name	10.	3		
	E FORSYTH ST								
	KSONVILLE FL 32202			82	Street	Address (P.O. Box Number is Not Acceptate	ole) 		
				83					
				84	City		FL	85 Zip	Code
office or agent 1. SIGNATURE	registered agent, or both, in the Stam familiar with, and accept the ob-	oligations of, Section 607.	0505, Florida Sta	atute	S.	poration's board of directors. I hereby acce	DATE	ointment as	s registered
12.	OFFICERS	AND DIRECTORS	13.		<u>_</u>	ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12
10,6	ST	DE	LETE 11	TITLE				☐ Change	Additio
NAM6	FUTCH, ELIZABETH		12	NAME					
STREET ADDRESS			1.3	STREE	T ADDRESS				
COY-SI ZIE	JACKSONVILLE FL	,		CITY-	ST-ZIP			T-1	N. C. 1911
7111.5	P CHECK CHIECODD 14	∭ DE	LETE 2.1	TITLE		P		Change	Additio
MW:	FUTCH, SHUFORD M			NAME		FUTCH, SHUPORS M. TH			
SPREEL ADDRESS	228 E. FORSYTH ST. JACKSONVILLE FL		•		T ADDRESS	FUTCH, SHUPORD M. III 228 E PORSYTH ST JACKSONVI LLE FL		_	
C-TY - S1 - ZiP	JACKSONVILLE FL	[] DE			ST-ZIP	JACKSONVI LLE PL	322	Change	Additio
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NAME EXPLIA MANAGERA					T ADDRESS				
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NAME			6.2	NAME					
STREET ADORESS	;		6.3	STREE	t address				
CEV SU769			6.4	CITY-	ST-ZIP				

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 have an officer or director of the corporation or the receiver or trustoe 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: