

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 # **314054**

(8)

1. Corporation Name

FLORIDA BLUEPRINTING SERVICE, INC.

FILED
Mar 24 1997 8:00am
Secretary of State



Principal Place of Business

**542 EDGEWOOD AVE SO
PO BOX 6984
JACKSONVILLE FL 32236**

Mailing Address

**542 EDGEWOOD AVE SO
PO BOX 6984
JACKSONVILLE FL 32236-6984**

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

25

29

30

9. Name and Address of Current Registered Agent

**GASS, JOHN H JR
542 EDGEWOOD AVE SO
JACKSONVILLE FL 32205**

3. Date Incorporated or Qualified

02/22/1967

3a. Date of Last Report

03/26/1996

4. FEI Number

59-1009808

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> DELETE	P	GASS, JOHN H. JR.	10581 HAMPTON ROAD	<input type="checkbox"/> DELETE	1.1 TITLE		
		JACKSONVILLE, FL 32257			1.2 NAME		
	V	GASS, JOHN, SR	12919 OAKLAND HILLS COURT		1.3 STREET ADDRESS		
		JACKSONVILLE FL			1.4 CITY-STATE-ZIP		
<input type="checkbox"/> DELETE					2.1 TITLE		
					2.2 NAME		
					2.3 STREET ADDRESS		
					2.4 CITY-STATE-ZIP		
<input type="checkbox"/> DELETE					3.1 TITLE		
					3.2 NAME		
					3.3 STREET ADDRESS		
					3.4 CITY-STATE-ZIP		
<input type="checkbox"/> DELETE					4.1 TITLE		
					4.2 NAME		
					4.3 STREET ADDRESS		
					4.4 CITY-STATE-ZIP		
<input type="checkbox"/> DELETE					5.1 TITLE		
					5.2 NAME		
					5.3 STREET ADDRESS		
					5.4 CITY-STATE-ZIP		
<input type="checkbox"/> DELETE					6.1 TITLE		
					6.2 NAME		
					6.3 STREET ADDRESS		
					6.4 CITY-STATE-ZIP		

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 and data 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. GASS

3/18/97

Date

Exhibit Number

**904-
388-7686**

CR2E034 (9/96)