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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 2-1-96

B- 628 C

DOCUMENT # 397740

(2)

1. Corporation Name

THE PRINTING HOUSE, INC



Principal Place of Business

Mailing Address

RT. 6, BOX 2000
P.O. BOX 310
QUINCY FL 32351

RT. 6, BOX 2000
P.O. BOX 310
QUINCY FL 32351

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

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWE, FRANCES CASEY
1600 CAPITAL CIRCLE, S.W.
TALLAHASSEE FL 32310

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 607.1508, 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 VSD ☐ DELETE

NAME ARCHIBALD, KATHY
STREET ADDRESS 1600 CAPITAL CIRCLE, SW
CITY-ST-ZIP TALLAHASSEE FL

TITLE DC ☐ DELETE

NAME ARCHIBALD, DELBERT M
STREET ADDRESS 1600 CAPITAL CIRCLE, SW
CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☐ DELETE

NAME PRINCE, ROBERT E
STREET ADDRESS 1600 CAPITAL CIRCLE, SW
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME SAULS, RONALD K
STREET ADDRESS 1600 CAPITAL CIRCLE, SW
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. 1 TITLE

V/D

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 1 TITLE

D/V

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1 TITLE

V/S

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Frances Casey Lowe
1600 Capital Circle, SW
Tallahassee, FL 32310

6. 1 TITLE

V

☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Allen Harrod
1600 Capital Circle SW
Tallahassee FL 32310

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)