FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **474161** **(7)**

1. Corporation Name
LABERGE PRINTERS, INC.

Principal Place of Business
103 S NASHVILLE AVE
ORLANDO FL 32805
US

Mailing Address
103 S NASHVILLE AVE
ORLANDO FL 32805
US

3. Date Incorporated or Qualified: **04/16/1975**

3a. Date of Last Report: **03/07/1995**

4. FEI Number: **59-1611426** — 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

2. Principal Place of Business
21 1328 W. Church
22 Suite, Apt. #, etc.
23 City & State ORLANDO, FL.
24 Zip 32805 25 Country ORANGE

2a. Mailing Address
26 1328 W. Church
27 Suite, Apt. #, etc.
28 City & State ORLANDO, FL.
29 Zip 32805 30 Country ORANGE

9. Name and Address of Current Registered Agent
GRAHAM, JESSE E.
221 S. KNOWLES AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name WM. F. (FRED) BOLE, II, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
83 644 W. COLONIAL DRIVE
84 City ORLANDO FL 85 Zip Code 32804

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 WM. F. (FRED) BOLE, II, PA — 11/7/96
Signature of New Registered Agent or Authorized Officer or Director — DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	LABERGE, RICHARD R	
STREET ADDRESS	1710 ROSE GARDEN LANE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	PD	☐ DELETE
NAME	LABERGE, LEON A	
STREET ADDRESS	4529 PAGEANT WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ 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	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 is an attachment with an address.

SIGNATURE: PRES. - LEON LABERGE — 11/7/96 — 407-648-9842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)