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 # 510684

(4)

TAMPA TYPESETTING, INC.

Principal Place of Business Mailing Address										
13134 US HV DADE CITY F US	=	13134 U.S. HWY 301 DADE CITY FL 33525								
		•				3. Date incorporated or Qualified 08/16/1976	3a. Date of Last Report 05/19/1995			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	
21		26	<u>i</u>			59-1690119			Not Applicable	;
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	City & State	resp.			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Country			8. This corporation has liability for i				
24	[25]	[29]	30			Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Agent		 B1	Name	10. Name and Address of New R	egistered A	gent		
2721.05	00 14014 1 500			["	Name					
401 E K	rg, vicki L. ESQ. Ennedy blyd			82	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
TAMPA I	FL 33602			63						
				84	City		FL	85 Zi	ip Code	
or register	to the provisions of Sections 607.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the	ove-r corp	named corpora oration's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of char pintment as i	iging its i egistered	registered offic d agent. I am	e
SIGNATURE										
10	Signature, typed or printed name of registered ager			1 Agen	t signature required		DATE	Buese state	oes 11.76	(<u>G</u>
12.	OFFICERS AND DIRECTORS DELETE		13.	1 1 TITLE		ADDITIONS/CHANGES TO OFF		DIRECTO Change		(12/9
NAM!	YOUNG, GARY G.			1.2 NAME			L	j Griange	Mudition	
STREET ADDRESS	13134 US HWY 301				ADDRESS					엉
DITY-ST-ZIP	DADE CITY FL									R2E034
TITLE	SDT	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		1-211			1 Change	Addition	⊣ ხ
NAME	YOUNG, MARY ANNE		2.2 *							
STREET ADDRESS	13134 US HWY 301		235	TREE1	ADDRESS					
CITY-ST-ZIP	DADE CITY FL		2 4 CIT		1-219					
THILE	VD	DELETE		3. 1 TOLE] Change	Addition	
NAME	LOSSEE, FRANK A.		3.2 NAME							$\neg \neg$
STREET ADDRESS	13134 US HWY 301		3.3 ST		ADDRESS					
CITY-ST-7IP	DADE CITY FL		3.4 CIT		T-ZIP					_
TITLE		[] DELETE	4.11] Change	Addition	
NAME			4.2 NAME							
STREET ADDRESS	·		4.3 STREE		1					
CITY-ST-ZIP TITLE	····	["] DELETE	2 202 202	HTY - S	T-ZIP			Change	Addition	
NAME		لِيا كردر ال	5. 1 3 5.2 N		-		L.	1 manage	[Nountill	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				:3 STREET ADDRESS :4 CITY - ST - ZIP						
TITLE		DELETE		6. 1 THEF				Change	☐ Addition	\dashv
NAME			€.2 N/				h-	- •	,	
STREET ADORESS	RESS		6.3 STREET ADDRESS							
CHTY-ST-ZIP			6 4 CITY-ST-7IP							
	by certify that the information supplied	with this filing is voluntarily furr				or the exemption stated in Section 119.	07(3)(k), Flor	ida Statu	ites. I further	\dashv

ruo hereby certify that the information supplied with this ling is voluntarily for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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:

Gary G. Young

4/30/96

(352-523-1200

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