2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # 591840** 03-04-2008 90013 004 ***150.00 1. Entity Name GANDY PRINTERS, INC. Principal Place of Business Mailing Address 1800 S. MONROE ST. 1800 S. MONROE ST. TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEI Number 59-1860282 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Gandy, Bernard L. III GANDY JR, BERNARD L Street Address (P.O. Box Number is Not Acceptable) 1800 S MONROE ST TALLAHASSEE, FL 32301 City ^Ζዣ 23 የተ1 Tallahassee 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Bernard L. Gandy, III name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete NAME GANDY, BERNARD L JR NAME 4132 CHARLES SAMUEL DR STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE P,T,D ☐ Change ▼ Addition NAME Gandy, Bernard L. III NAME STREET ADDRESS STREET ADDRESS 1485 Spruce Ave Tallahassee, FL 32303 CITY-ST-ZIP CITY-ST-ZIE VP,S,D □ Change ▼ Addition TITLE Delete TITLE NAME NAME Gandy, Jennifer J. STREET ADDRESS STRFFT ADDRESS 4132 Charles Samuel Dr CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32309 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Bernard L. Gandy,

FILED Mar 04, 2008 8:00 am

Daytime Phone