## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT 1997 **DOCUMENT # 609884** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## (2)

## **FILED** Jul 22 1997 8:00am Secretary of State

QUICKE	PRINT, INC.			 	
Principal Place of Business Mailing Address  504 NORTH MAIN STREET 504 NORTH MAIN STREET CRESTVIEW FL 32536 CRESTVIEW FL 32536 US  US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 02/14/1979	3a. Date of Last Report 06/27/1996
<del></del>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# Ala	Suite, Apt. #, etc.		59-1886676	Not Applicable
22 Suite, Apr.	#, <del>0</del> 1C.	27 Shite, Apr. #, etc.		5. Certificate of Status Desired	See Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b>	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	<b>├</b> ─ `	Country	This corporation owns or has p     Personal Property Tax due Jun	
	9. Name and Address of Currer			10. Name and Address of New R	
	NES, MARY V	1	81 Name		
	6236 WINSTEAD ROAD CRESTVIEW FL			Address (P.O. Box Number is Not Accepta	ıble)
Or iii	EQIAICALLE		83		
					11 7:- O-d
l			84 City		FL 85 Zip Code
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	)2 and 607.1508, Florida Stalutes of Florida, Such change was au	s, the above-named	corporation submits this statement for the poration's board of directors. I hereby acceptance	purpose of changing its registered
agent. I a	im familiar with, and accept the oblig-	alions of, Section 607.0505, Flori	ida Statutes.	ordinal organic or discussion in the property and a	print appairment to regions to
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE:	Registered Agent signature	required when repstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	IONICO MADVIV	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	JONES, MARY V 6236 WINSTEAD RD		1.2 NAME		
STREET ADDRESS	CRESTVIEW FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VP	DELETE	1.4 C(1Y - S) - Z(P 2.1 1/JLE		Change Addition
NAME	Virginia A. Jones		2.2 NAME		
STREET ADDRESS	318 59Th St		2.3 STREET ADDRESS		
CITY-ST-ZIP	Newport News, VA 2		2 4 CHY-\$1-7IP		
TITLE	VP	DELETE	311/11/16		Change Addition
NAME expect approve	Thomas C Jones 1740 S Fernside Dr		3.2 NAME		
STREET ADDRESS City-St-Zip	Tacoma, WA 98465		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TALE	VP	☐ DELETE	4.1 TITLE		Change Addition
NAME	Edward W Jones		4. 2 NAME		
STREET ADDRESS	6230 Winstead Rd		4.3 STREET ADDRESS		
CITY-ST-ZIP	Crestview, FL 3253	9	4.4 CITY - ST - ZIP		
TITLE		☐ DELE≀E	51 TITLE		Change Addition
NAME STREET ANDRESS			5.2 NAME		
STREET ADDRESS City-St-Zip			5.3 STREET ADDRESS 5.4 City - St - Zip		
TITLE		DELETE	6.1 1/1LE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64 CHY-S1-7IP		
14. I do bere	<b>by carbly that the intermation subbline</b>	d with this tiling does not auglity.	for the exemption st	ated in Section 119.07(3)(i). Florida Statuti	es. I turibor certify that the

I have been supposed from the information supplied with this imag does not quality or the exemption stated in section 119.07(5)(i), 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 eath; 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.

Mary V Jones /

1997