FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

616465

(1)

PROGRESSIVE PRINTING COMPANY, INC.

FILED Feb 27 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		- i sodije ojiot libio elili žibie bijet šili ojel	I TITII DIQII BIYIT TIPII DIQII IQQI
4505 LEXINGTON AVENUE JACKSONVILLE FL 32210 US		4505 LEXINGTON AVENUE JACKSONVILLE FL 32210 US		DO NOT WRITE IN 1	THIS SPACE
				3. Date Incorporated or Qualified	
a Drianiani D	lane of Business	14-95-14-14-1		04/04/1979	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-1891601	Not Applicable
22	~, side	27 Suite, Apr. #, 610.	<i>D</i>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25	29 30	5	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre			10. Name and Address of New Register	ored Agent
MCINNIS, DANIEL L 81 Name					
4505 LEXINGTON AVE			82 Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32210			511991 AUU	ress (P.O. Box Number is Not Acceptable)	
			83	1 0	
			51 01		
			84 City	Do.	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 a		agistered Agent signatura requi	red when reinstating) DA	TE .
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P SAC MANO DANNEL I	L_] DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MC INNIS, DANIEL L		1.2 NAME		;
STREET ADDRESS	4505 LEXINGTON AVE		1.3 STREET ADDRESS		i
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	ST NUMBER OF STREET	☐ DELETE	2.1 TITLE		Change Addition
NAME	MC INNIS, DIANE C		2.2 NAME		
STREET ADDRESS	4505 LEXINGTON AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	A A A A A A A A A A A A A A A A A A A	☐ DELETĒ	3.1 TITLE		☐ Change ☐ Addition
NAME	MCINNIS, DANIEL L.JR.		3.2 NAME		
STREET ADDRESS	4505 LEXINGTON AVE.	i	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAM€	MCINNIS, DEAN L.		4, 2 NAME		
STREET ADDRESS	4505 LEXINGTON AVE.		4.3 STREET ADDRESS	•	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		ı	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	•	DELETE	6.1 TITLE		Change Addition
NAME		į	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.