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COF ANNU	PROFIT RPORATION JAL REPORT 1997	FLORIDA DEPAR Sandra E Secreta DIVISION OF G	B. Morthe ary of State	nm :		May 14 1 Secreta			n
DOCUMENT # 635129 (O) SUN 'N FUN PRINTING COMPANY, INC.									
Principal Place of Business Mailing Address 4820 122ND AVENUE NORTH CLEARWATER FL 34622 CLEARWATER FL 34622-4421									
						 Date Incorporated or Qualified 09/05/1979 	3a. Date of Last 07/26/1996	Report	
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 59-1934033	}	pplied For lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
City & Stat	€	City & State		·		6. Election Campaign Financing		lequired May Be	
23 Zip	Country	28 Zip	Cour	nbru		Trust Fund Contribution	☐ Added	to Fees	ļ
21D [24]	Country 25	29	30	y		 This corporation has liability for I Florida Statutes 	ntangible tax under Yes 🔲 No	s. 199,032,	
	g. Name and Address of Curre	nt Registered Agent		81 Name	1	g. Name and Address of New Re	gistered Agent		}
	JLER, JAMES 5 N. FLORIDA AVENUE				Addross	(P.O. Box Number is Not Acceptab	lo)		
	APA FL 33802		į		Addiess	(P.O. Box Number is Not Accepted	10)		1
			į	63					
				84 City			FL 85 Zip	Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	authorized	by the corp	corpora poration'	tion submits this statement for the p s board of directors. I hereby accep	urpose of changing it the appointment a	its registered s registered	
<u></u>	Signature, typed or printed name of registered ag			Agent signature	required w	.,	DATE	DO IN 10	120
12.	PD OFFICERS AN	ND DIRECTORS DELETE	13.	'LE	49	ADDITIONS/CHANGES TO OFFIC	Change		966
NAME	COX, WILLIAM J.		1,2 NA	LOC					
STREET ADDRESS					Chri	s P. Miles		ļ	
1	405-409 WALNUT ST.		1,3 \$7	REET ADDRESS	UDA	Walnut ST	3 7.		
CITY-ST-ZIP	MCKEESPORT PA VD	☐ DELETE	1,3 \$7	REET ADORESS TY-ST-ZIP	UDA	Walnut ST	3 Z	Addition	CR2E034 (
CITY -ST- ZIP TITLE NAME	MCKEESPORT PA VD MANSFIELD, MARY H.	☐ DELETE	1,3 STI 1,4 CFI 2,1 TIT 2,2 NA	REET ADDRESS TY-ST-ZIP LE .ME	UDA	e P. Miles Walnut ST (eesport PA 1513 e Chair	37 U-Change	Addition	
CITY-ST-ZIP TITE NAME STREET ADDRESS	MCKEESPORT PA VD MANSFIELD, MARY H. 405-409 WALNUT ST.	☐ DELETE	1,3 STI 1,4 CII 2,1 TIT 2,2 NA 2,3 STI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	UDA	Walnut ST	3 Z L U Change	Addition	
CITY -ST- ZIP TITLE NAME	MCKEESPORT PA VD MANSFIELD, MARY H. 405-409 WALNUT ST. MCKEESPORT PA STD	☐ DELETE	1,3 STI 1,4 CII 2,1 TIT 2,2 NA 2,3 STI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TTY-ST-ZIP	UDA	Walnut ST	3 Z Lefthange Lefthange		
CITY ST. ZIP VILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCKEESPORT PA VD MANSFIELD, MARY H. 405-409 WALNUT ST. MCKEESPORT PA STD MANSFIELD, PATRICIA J.	_	1.3 STI 1.4 GR 2.1 TIT 22 NA 23 STI 2.4 CR 3.1 TIT 3.2 NA	REET ADDRESS IY-ST-ZIP LE IME REET ADDRESS ITY-ST-ZIP LE IME	UDA	Walnut ST			
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CITY ST. ZIP VILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCKEESPORT PA VD MANSFIELD, MARY H. 405-409 WALNUT ST. MCKEESPORT PA STD MANSFIELD, PATRICIA J.	_	1.3 STI 1.4 CR 2.1 TIT 2.2 NA 2.3 STI 2.4 CR 3.1 TIT 3.2 NA 3.3 ST	REET ADDRESS IY-ST-ZIP ILE MME REET ADDRESS ITY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP	UDA	Walnut ST		Addition	
CITY ST. ZIP VITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AAME	MCKEESPORT PA VD MANSFIELD, MARY H. 405-409 WALNUT ST. MCKEESPORT PA STD MANSFIELD, PATRICIA J. 405-409 WALNUT ST. MCKEESPORT PA D MANSFIELD, PATRICIA K	☐ DELETE	1.3 ST 1.4 CI 2.1 TIT 22 NA 23 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 4.1 TIT 4.2 NO	REET ADDRESS ITY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE AME	UDA	Walnut ST	. Change	Addition	
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14. I do hereby certily 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 18 if changed, or on an attachment with an address.

SIGNATURE:

FILED