FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 27 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morthain **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)685337 I. C. M. PRINTING COMPANY, INC. Principal Place of Business Mailing Address 1331 S. MAIN 1331 S. MAIN GAINESVILLE FL 32601 GAINESVILLE FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1980 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2069959 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent -MANTINE CYNTHIA FAY 61 બ KAVAMAJUH 1331 S. MAIN 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32601 83 City 84 85 Zip Code 11. Porsuant 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. Lamping ar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATU OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 113006 KAVANAUGH, ROBERT G 1.2 NAME NAME 1331 S. MAIN STREET STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 City - St - ZiP DELETE Change Addition TITLE 21 TITLE **ENGLISH, TRACE** NAME 2.2 NAME 1331 S. MAIN STREET STREET ADDRESS 2 3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Additi DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

in address

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the infortunitemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for the receiver or true of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

CITY-ST-ZIP

14. I hereby certify that the information indicated on this annual report or officer or director of the corporation

Block 12 or Block 13 if char