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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 841386

PREPRINT SALES COMPANY, INC.

Principal Place	of Business	Mailing Address		i fætitik lætik neddt sidda ister lætin aftit graft arett
9550 REGENCY SQUARE BLVD. 9550 REGENCY SQUARE BLVD.		D.		
SUITE 900 SUITE 900				DO NOT INDITE IN THIS COACE
JACKSONVILLE	FL 32225	JACKSONVILLE FL 32225		DO NOT WRITE IN THIS SPACE
US	•	US		3. Date Incorporated or Qualifed
		To. Mailian Adduses		08/30/1978 4. FEI Number Applied For
		2a. Mailing Address	/	1 10 10 10 10 10 10 10 10 10 10 10 10 10
21 6900 Southpoint Dr. N. Suite, Apt. #, etc.		26 6900 Southpoint Dr. N.		\$8.75 Additional
22 Suite 300		27 Suite 300		5. Certificate of Status Desired Fee Required
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 the current year Intangible
32216	25	29 32216 30	0	Personal Property Tax. ☐ Yes ☑ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
81				<sup>e</sup> Andrew J. Gleydura
RICHARD M. VEGA			82 Street	et Address (P.O. Box Number is Not Acceptable) 6900 Southpoint Dr. N.
9550 REGENCY SQUARE BLVD. SUITE 900		Ē 900		6900 Southpoint Dr. N.
JACKSONVILLE FL 32225			83	Suite 300
			84 City	Tacksonville FI 85 Zip Code 32216
11 Pureuant	Suite 300  84 City  Jacksonville  FL  85 Zip Code 32216  suant 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 e 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 nt. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  URE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS IN 12			
l office or re	edistered agent or both in the State of	i Florida. Such change was autr	iorized by the cort	rporation's board of directors. I hereby accept the appointment as registered
agent. 1 ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida		row I Claudura March 25 1000
SIGNATURE	Signature, broad or printed name of registered ment	and title if applicable. (NOTE: Re		
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	EVP	☐ DELETE	1.1 TITLE	Change
NAME	RICHARD M. VEGA		1.2 NAME	•
STREET ADORESS	9550 REGENCY SQUARE BLVD.	, SUITE 900	1.3 STREET ADDRESS	11714 Edgemere Drive
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	P	DELETE	2.1 TITLE	☐ Change ☐ Addis
NAME	TROTTER, FRANCES	•	2.2 NAME	
STREET ADDRESS	11714 EDGEMERE DRIVE		2.3 STREET ADDRESS	ss
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP	
muE	\$	DELETE	3.1 TITLE	☐ Change ☐ Addin
NAME	Teresa T. Gleydura		3.2 NAME	
STREET ADDRESS	9550 REGENCY SQUARE BLVD	., Suite 900	3.3 STREET ADDRESS	ss
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP	
TITLE	PSTD	☐ DELETE	4,1 TITLE	☐ Change ☐ Addii
NAME	ANDREW J GLEYDURA		4. 2 NAME	
STREET ADDRESS	5167 DERBY FOREST LANE		4.3 STREET ADDRESS	22
CITY-ST-ZIP	JACKSONVILLE FL 32258		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	VP ☐ Change ★ Addi
NAME			5.2 NAME	Harlan D. Kent
STREET ADDRESS			5.3 STREET ADDRESS	7013 Coley Cove
CITY-ST-ZIP			5.4 CITY-ST-ZIP	St. Augustine, FL 32092
TITLE	•	☐ DELETE	6.1 TITLE	Change Addi
NAME			6.2 NAME	
OTDEET ADDDEED			6.3 STREET ADDRESS	58

14. I hereby 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, with all other like empowered.

6.4 CITY+ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND HYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/99

(904) 724-2500

**FILED** 

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90094 012 \*\*\*150.00