

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

95 FEB -7 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F34181

(0)

1. Corporation Name

PRINTING DIMENSIONS, INC.

Principal Place of Business

6054 CLARK CENTER AVE
SARASOTA, FL 34238

Mailing Address

6054 CLARK CENTER AVE
SARASOTA, FL 34238

500001401525

-02/03/95--01040--006

DO NOT ***200.00 SPAN***200.00

3. Date Incorporated or Qualified

05/08/1981

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2085068

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOHLFORTH, KAREN A WYKA
6054 CLARK CENTER AVENUE
SARASOTA FL 34238

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Elaine F. Wyka

(NOTE: Registered Agent signature required when reconstituted)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S
NAME	WYKA, ELAINE F
STREET ADDRESS	6054 CLARK CENTER AVE
CITY-ST-ZIP	SARASOTA FL
TITLE	V
NAME	WYKA, BRIAN E
STREET ADDRESS	6054 CLARK CENTER AVE.
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	P
NAME	WOHLFORTH, KAREN A WYKA
STREET ADDRESS	6054 CLARK CENTER AVE
CITY-ST-ZIP	SARASOTA FL
TITLE	T
NAME	WYKA, ELAINE, F.
STREET ADDRESS	6054 CLARK CENTER AVE
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elaine F. Wyka
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

02/07/95
JAN 25, 1995