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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F41380

(9)

1. Corporation Name

SIDNEY B. BOWNE & SON, INC.

Principal Place of Business

360 CENTRAL AVENUE, STE. 1500  
P.O. BOX 3542  
ST. PETERSBURG FL 33731-3542  
US

Mailing Address

360 CENTRAL AVENUE, STE. 1500  
P.O. BOX 3542  
ST. PETERSBURG FL 33731-3542  
US

3. Date Incorporated or Qualified

08/17/1981

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 400 N. ASHLEY DRIVE, SUITE 2300  
Suite, Apt. #, etc.

22 P.O. Box 1288

23 TAMPA, FL  
City & State

24 33601-1288 25 USA  
Zip Country

2a. Mailing Address

26 400 N. ASHLEY DRIVE, SUITE 2300  
Suite, Apt. #, etc.

27 P.O. Box 1288

28 TAMPA, FL  
City & State

29 33601-1288 30 USA  
Zip Country

4. FEI Number

59-2116108

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

9. Name and Address of Current Registered Agent

BACHELLER, CHESTER E.  
360 CENTRAL AVENUE  
SUITE 1500  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

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

400 N. ASHLEY DRIVE  
Suite 2300

83 City

TAMPA

FL

85 Zip Code

33602

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANTETOMASO, FRANK J.	
STREET ADDRESS	63 LEONARD DR	
CITY - ST - ZIP	MASSAPEQUA NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STANTON, ROBERT A.	
STREET ADDRESS	10 KNOLLWOOD AVENUE	
CITY - ST - ZIP	BAYVILLE NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KELSEY, CHESTER C.	
STREET ADDRESS	2379 ELK COURT	
CITY - ST - ZIP	N. BELLMORE NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLACKMAN, ZABDIEL A.	
STREET ADDRESS	9 HILLCREST ROAD	
CITY - ST - ZIP	PORT WASHINGTON, NY.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)