FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 95 APR 21 PM 2: 07 **DIVISION OF CORPORATIONS** DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORID THE ORMOND PRINTERS, INC. Principal Place of Business Mailing Address **% JOHN F. SNYDER** % JOHN F. SMYDER 31 WEST GRANADA BLVD. 31 WEST GRANIDA BLVD. DO NOT WRITE IN THIS SPACE. ORMOND BCH. FL 32174 ORMOND BCH. FL 32174 3. Date Incorporated or Qualified 3a. Date of Last Report **04/14/1982** FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2215967 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zīp Country Zip Country This corporation has liability for intangible tax under S. 199 032 Yes ΠNο 24 Florida Statutes 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo SNYDER, JOHN F 82 Street Address (P.O. Box Number is Not Acceptable) 31 WEST GRANADA BLVD. ORMOND BCH. FL 32174 83 84 Zin Code City 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE 1 1 TITLE SNYDER, JOHN F HAME 12 NAME 31 W.GRANADA BLVD. STREET ADDRESS 13 STREET ADDRESS ORMOND BCH FL CITY - ST - ZIP 1.4 CITY - ST-ZIP Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS City-ST-ZIP 24 CITY-ST ZIP Addition Change TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY - ST - ZIP 3.4 CTTY-ST-ZIP Channe ___ Addition THLE 4.1 TITLE NAME 42 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 44 CITY ST-2IP Addition Change TITLE 51 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST ZIP 5.4 CITY - ST - ZIP Chango Addition MILE 6 t TITLE HAME 62 NAME

14. I do heroby cortify that the information supplied with this liting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(s). 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 sums legal offect as if made under only; that I am an officer or director of the corporation or the receiver or furgee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with an address.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY+ST 7/P

John F Snyder, Pres

27/95 904-677-4114

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