

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F85433 (3)

1. Corporation Name
PRINTING BY HEARN, INC.



Principal Place of Business % WILLIAM H HEARN 5051 TOZOUR ROAD FT PIERCE FL 34946	Mailing Address % WILLIAM H HEARN 5051 TOZOUR ROAD FT PIERCE FL 34946
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1982	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number 59-2217046	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**HEARN, WILLIAM H
 5051 TOZOUR ROAD
 FT PIERCE FL 34946**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 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 _____ DATE _____
Signature typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARN, DEBORAH D	1.2 NAME	
STREET ADDRESS	5051 TOZOUR ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	1.4 CITY - ST - ZIP	34946
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARN, WILLIAM H	2.2 NAME	
STREET ADDRESS	5051 TOZOUR ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	2.4 CITY - ST - ZIP	34946
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARN, JEANNE	3.2 NAME	
STREET ADDRESS	5051 TOZOUR ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	3.4 CITY - ST - ZIP	34946
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARN, EDWARD J	4.2 NAME	
STREET ADDRESS	5051 TOZOUR ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	4.4 CITY - ST - ZIP	34946
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARN, THOMAS HENRY	5.2 NAME	
STREET ADDRESS	5051 TOZOUR ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	5.4 CITY - ST - ZIP	34946
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Jeanne Hearn, Sec. Jeanne Hearn* 2/18/98 (561) 461-7526

CR2E034 (10/97)