

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002146 (7)

1. Corporation Name

THE GREENFIELD PRINTING AND PUBLISHING COMPANY



Principal Place of Business

Mailing Address

3910 NORTHDAL BLVD., OFFICE BLDG. B
NORTHDAL PROFESSIONAL CTR. SUITE 100
TAMPA FL 33624

3910 NORTHDAL BLVD., OFFICE BLDG. B
NORTHDAL PROFESSIONAL CTR. SUITE 100
TAMPA FL 33624

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt #, etc.

Suite, Apt #, etc.

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City & State

City & State

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Country

Zip

Country

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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

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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

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	CS	<input checked="" type="checkbox"/> DELETE
NAME	MCALARNEY, T.P.	
STREET ADDRESS	3000 CENTRE SQUARE WEST, 1500 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFER, J.	
STREET ADDRESS	3000 CENTRE SQUARE WEST, 1500 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOTTON, E.	
STREET ADDRESS	1025 N WASHINGTON ST.	
CITY - ST - ZIP	GREENFIELD OH 45123	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MOON, D.D.	
STREET ADDRESS	1025 NORTH WASHINGTON ST.	
CITY - ST - ZIP	GREENFIELD OH 45123	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOON, M.	
STREET ADDRESS	1025 NORTH WASHINGTON ST.	
CITY - ST - ZIP	GREENFIELD OH 45123	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gould, Peter	
1.3 STREET ADDRESS	3000 Centre Square West, 1500 Market St.	
1.4 CITY - ST - ZIP	Philadelphia, PA 19102	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lazar, David	
2.3 STREET ADDRESS	3000 Centre Square West, 1500 Market St.	
2.4 CITY - ST - ZIP	Philadelphia, PA 19102	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mckenna, John	
4.3 STREET ADDRESS	1025 N. Washington St.	
4.4 CITY - ST - ZIP	Greenfield, OH 45123	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pogash, Thomas A.	
5.3 STREET ADDRESS	1025 N. Washington St.	
5.4 CITY - ST - ZIP	Greenfield, OH 45123	
6.1 TITLE	800001886878	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-07/09/96--01013--037	
6.3 STREET ADDRESS	***233.75	
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)(k), 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas A. Pogash

THOMAS A. Pogash

6/24/96

513-981-2161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)