

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 3:03

DOCUMENT # G59954 (9)
1. Corporation Name
PLANTATION PRINTERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **3428 U.S. HIGHWAY 301 ELLENTON FL 34222**
Mailing Address: **3428 U.S. HIGHWAY 301 ELLENTON FL 34222**

DO NOT WRITE IN THIS SPACE

2. Principal Place of business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1983	3a. Date of Last Report 05/01/1994
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number 59-2331448	Applied For Not Applicable
24. Year	25. Quarter	29. Year	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent MONAHAN, TIMOTHY J. 7816 54 CT E PALMETTO FL 34221				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
10. Name and Address of New Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		NAME	
MONAHAN, TIMOTHY J.		MONAHAN, TIMOTHY J.	

12. OFFICERS AND DIRECTORS

1. TITLE	PD
2. NAME	MONAHAN, TIMOTHY J
3. STREET ADDRESS	7816 54 CT E
4. CITY, ST, ZIP	PALMETTO FL
5. TITLE	TD
6. NAME	MONAHAN, SANDRA K
7. STREET ADDRESS	7816 54 CT E
8. CITY, ST, ZIP	PALMETTO FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, 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 voluntarily. 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 on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Tim Monahan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TIM MONAHAN PRESIDENT

4-28-95 782 0702