FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H13175** **(5)**

1. Corporation Name

PROMISE PRINTING AND COPYING, INC.

Principal Place of Business	Mailing Address
701 COLORADO AVE S5 STUART FL 34994-3002 US	701 COLORADO AVE S5 STUART FL 34994-3002 US

3. Date In Corporated or Qualified: **07/19/1984**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-2436507** ☐ 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

2. Principal Place of Business

21 _____

Suite, Apt. # etc.
22 _____

City & State
23 _____

Zip 24 _____ Country 25 _____

2a. Mailing Address

26 _____

Suite, Apt. # etc.
27 _____

City & State
28 _____

Zip 29 _____ Country 30 _____

9. Name and Address of Current Registered Agent

WACKEEN, W. THOMAS
401 EAST OSCEOLA STREET
SUITE 102
STUART FL 33494

10. Name and Address of New Registered Agent

81 Name _____

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

83 _____

84 City _____ **FL** 85 Zip Code _____

11. Pursuant to the provisions of Section 607.0502 and 617.1905, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME FOSELLI, THOMAS		2 NAME	
STREET ADDRESS 701 COLORADO AVE.		3 STREET ADDRESS	
CITY-ST-ZIP STUART FL		4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	7 TITLE	☐ Change ☐ Addition
NAME FOSELLI, CLARE (ASST S)		8 NAME	
STREET ADDRESS 701 COLORADO AVE.		9 STREET ADDRESS	
CITY-ST-ZIP STUART FL		10 CITY-ST-ZIP	
TITLE	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
TITLE	☐ DELETE	19 TITLE	☐ Change ☐ Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-ST-ZIP		22 CITY-ST-ZIP	
TITLE	☐ DELETE	25 TITLE	☐ Change ☐ Addition
NAME		26 NAME	
STREET ADDRESS		27 STREET ADDRESS	
CITY-ST-ZIP		28 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, furnished and 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 above or on an attached sheet with an address.

SIGNATURE: Clare A Foselli CLARE A. FOSELLI 2-2-96 407-287-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number