

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H55383** (4)
1. Corporation Name
CONSOLIDATED PRINTING INCORPORATED OF FLORIDA

Principal Place of Business
**3523 SPRING PARK RD
JACKSONVILLE FL 32207-2829**

Mailing Address
**3523 SPRING PARK RD
JACKSONVILLE FL 32207-5731**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1985		3a. Date of Last Report 05/01/1996	
21 2131 CORPORATE SQ BLDG		26 2131 CORPORATE SQ BLDG		4. FEI Number 59-2498341		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State JACKSONVILLE, FLA		28 City & State JACKSONVILLE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32216		25 Country USA		29 Zip 32216		30 Country USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**HARPER, TERRY
3523 SPRING PARK RD
JACKSONVILLE FL 32207**

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 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, TERRY	1.2 NAME	
STREET ADDRESS	1234 GROVE PARK RD.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	1.4 CITY-STATE-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIALKOWSKI, GERRY	2.2 NAME	
STREET ADDRESS	11082 KNOTTINGBY DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDER, PATRICK	3.2 NAME	
STREET ADDRESS	218 QUINCE CT	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ORANGE PARK FL	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 is dated 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97 **805-0505**
Date Daytime Phone #

0031600

CR2E034 (9/96)