

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **J09155** (9)

1. Corporation Name

PRINTING INK TECHNOLOGIES, INC.



Principal Place of Business

% EDWIN T. DUNNING
3738 ALLENWOOD ST
SARASOTA FL 34232

Mailing Address

% EDWIN T. DUNNING
3738 ALLENWOOD ST
SARASOTA FL 34232

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DUNNING, EDWIN T.
3738 ALLENWOOD ST
SARASOTA FL 33582

3. Date Incorporated or Qualified

04/11/1986

3a. Date of Last Report

01/17/1995

4. FEI Number

59-2655400

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

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 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 of principal officer or director, or the filer, applicable)

(Signature of Registered Agent, required when filing change)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE P
12.2 NAME DUNNING, EDWIN T.
12.3 STREET ADDRESS 3738 ALLENWOOD ST
12.4 CITY, ST, ZIP SARASOTA FL
12.5 TITLE ST
12.6 NAME DUNNING, NANCY R
12.7 STREET ADDRESS 3738 ALLENWOOD ST
12.8 CITY, ST, ZIP SARASOTA FL
12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP
12.13 TITLE
12.14 NAME
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12.96 CITY, ST, ZIP
12.97 TITLE
12.98 NAME
12.99 STREET ADDRESS
12.100 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 1.1 TITLE ☐ Change ☐ Addition
13.2 1.2 NAME
13.3 1.3 STREET ADDRESS
13.4 1.4 CITY, ST, ZIP ☐ Change ☐ Addition
13.5 2.1 TITLE ☐ Change ☐ Addition
13.6 2.2 NAME
13.7 2.3 STREET ADDRESS
13.8 2.4 CITY, ST, ZIP ☐ Change ☐ Addition
13.9 3.1 TITLE ☐ Change ☐ Addition
13.10 3.2 NAME
13.11 3.3 STREET ADDRESS
13.12 3.4 CITY, ST, ZIP ☐ Change ☐ Addition
13.13 4.1 TITLE ☐ Change ☐ Addition
13.14 4.2 NAME
13.15 4.3 STREET ADDRESS
13.16 4.4 CITY, ST, ZIP ☐ Change ☐ Addition
13.17 5.1 TITLE ☐ Change ☐ Addition
13.18 5.2 NAME
13.19 5.3 STREET ADDRESS
13.20 5.4 CITY, ST, ZIP ☐ Change ☐ Addition
13.21 6.1 TITLE ☐ Change ☐ Addition
13.22 6.2 NAME
13.23 6.3 STREET ADDRESS
13.24 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 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: *Edwin T. Dunning, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 941-955-7244
Date Daytime Phone #

CR2E034 (12/95)