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 # J31833 (3)

1. Corporation Name

QUINCY PRINTING AND GRAPHICS, INC.

Principal Place of Business
1960 W. JEFFERSON ST.
QUINCY FL 32351

Mailing Address
1960 W. JEFFERSON ST.
QUINCY FL 32351

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

3. Date Incorporated or Qualified: 09/04/1986
3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-2713761 ☐ 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

9. Name and Address of Current Registered Agent

FROST, GARY B.
RT. 1, BOX 220
CHATTAHOOCHEE FL 32324

10. Name and Address of New Registered Agent

81 Name: JOHNNY A. CAPPS
82 Street Address (P.O. Box Number is Not Acceptable): 4730 FLOWERWOOD DR.
83
84 City: TALLAHASSEE FL 85 Zip Code: 32303

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] JOHNNY A. CAPPS, PRESIDENT DATE: 2/19/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	FROST, GARY B.	
STREET ADDRESS	RT. 1, BOX 220	
CITY-ST-ZIP	CHATTAHOOCHEE FL	
TITLE	DV	☒ DELETE
NAME	ELOISE A. FROST	
STREET ADDRESS	RT. 1, BOX 2020	
CITY-ST-ZIP	CHATTAHOOCHEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	☐ Change ☑ Addition
1.2 NAME	JOHNNY A. CAPPS	
1.3 STREET ADDRESS	4730 FLOWERWOOD DRIVE	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
2.1 TITLE	D, T, S	☐ Change ☑ Addition
2.2 NAME	KAREN HAERLE ALTON CAPPS	
2.3 STREET ADDRESS	4730 FLOWERWOOD DRIVE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [signature] KAREN HAERLE ALTON CAPPS 2/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)