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

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J76667** **(1)**

1. Corporate Name

**TIMES SQUARE PRINTING & BLUEPRINT SERVICE, INC.**

Principal Place of Business
325 NINTH AVENUE, NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address
325 NINTH AVENUE, NORTH
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1987
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-2816019 — Applied For / Not Applicable

Suite, Apt. # — 22 / 27
City, State — 23 / 28
24 / 25 / 29 / 30

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. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HILLEGASS, WILLIAM
427 NORTH THIRD STREET
JACKSONVILLE BEACH FL 32250

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 607.0505 and 607.0508, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The character of business this corporation may transact in Florida is as stated in the articles of incorporation filed with the Department of State. I am familiar with and hereby represent that I comply with the provisions of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | RELLIHEN, LILLIAN |
| STREET ADDRESS | 325 NINTH AVENUE, NORTH |
| CITY, ST, ZIP | JACKSONVILLE BCH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Add/Del
☐ Change ☐ Add/Del
☐ Change ☐ Add/Del
☐ Change ☐ Add/Del
☐ Change ☐ Add/Del
☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this report, including any changes, is true and accurate and that this report is being filed within the time prescribed by Florida Statutes. I further certify that the corporation has complied with all applicable provisions of Florida Statutes, including qualification to do business in Florida, if applicable. I am aware that false information submitted in a report pursuant to Chapter 607, Florida Statutes, may be punished by fine or imprisonment or both as provided in Section 817.155, Florida Statutes.

SIGNATURE: Lillian H. Rellihen - LILLIAN H. RELLIHEN 4-21-95 904-2417652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0020000 CP