FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-11-95 B 6689 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J87675 (1)

1. Corporate Name

T-SQUARE REPROGRAPHICS, INC.

Principal Place of Business

120 S. BAYLEN STREET
PENSACOLA FL 32501

Mailing Address

120 S. BAYLEN STREET
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1987

3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2833858 ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. — 22

Suite, Apt. # etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 — County — 25 — Zip — 29 — County — 30

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CONKLIN, WALLACE P.
120 S BAYLEN ST
PENSACOLA FL 32501

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

(If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent's address only, Registered Agent must sign below)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PD	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME	CONKLIN, WALLACE P.	13.2 NAME	
12.3 STREET ADDRESS	120 S BAYLEN ST	13.3 STREET ADDRESS	
12.4 CITY ST ZIP	PENSACOLA FL	13.4 CITY ST ZIP	
12.5 TITLE	VD	13.5 TITLE	☐ Change ☐ Addition
12.6 NAME	RUSSELL, FRANK M.	13.6 NAME	
12.7 STREET ADDRESS	120 S BAYLEN ST	13.7 STREET ADDRESS	
12.8 CITY ST ZIP	PENSACOLA FL	13.8 CITY ST ZIP	
12.9 TITLE	SD	13.9 TITLE	☐ Change ☐ Addition
12.10 NAME	MONROE,G.D.,JR.	13.10 NAME	
12.11 STREET ADDRESS	120 S BAYLEN ST	13.11 STREET ADDRESS	
12.12 CITY ST ZIP	PENSACOLA FL	13.12 CITY ST ZIP	
12.13 TITLE	TD	13.13 TITLE	☐ Change ☐ Addition
12.14 NAME	DECKARD, CARL	13.14 NAME	
12.15 STREET ADDRESS	120 S BAYLEN ST	13.15 STREET ADDRESS	
12.16 CITY ST ZIP	PENSACOLA FL	13.16 CITY ST ZIP	
12.17 TITLE		13.17 TITLE	☐ Change ☐ Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY ST ZIP		13.20 CITY ST ZIP	
12.21 TITLE		13.21 TITLE	☐ Change ☐ Addition
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY ST ZIP		13.24 CITY ST ZIP	

14. I declare I certify that the information supplied with this filing is truthfully 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 1 or Block 2 above, or on an attachment with an address.

SIGNATURE: Carl W. Deckard

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

CARL DECKARD

5/8/95 (904) 432-9776

Date Daytime Phone Number

0398041 CP