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

FILED
SECRETARY OF STATE
05

DOCUMENT # **J98176** **(7)**

1. Corporation Name
MARITIME PRESS, INC.

Principal Place of Business	Mailing Address
% L. FRANK SEARS 4401 BRIGITTE LANE MILTON FL 32583	% L. FRANK SEARS 4401 BRIGITTE LANE MILTON FL 32583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1987
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2897259 ☐ Applied For ☐ Not Applicable
Suite, Apt #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) (29) Country (25) (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEARS, L. FRANK 4401 BRIGITTE LANE MILTON FL 32583	81 Name: SEARS, DAVID F. 82 Street Address (P.O. Box Number is Not Acceptable): 4401 BRIGITTE LN 83 84 City: MILTON FL 85 Zip Code: 32583

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: David F Sears DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SEARS, L. FRANK	12 NAME	DAVID F. SEARS	
STREET ADDRESS	4401 BRIGITTE LANE	13 STREET ADDRESS	4401 BRIGITTE LN	
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	MILTON FLA 32583	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME	SEARS, L. FRANK	Delete
STREET ADDRESS		23 STREET ADDRESS	4401 BRIGITTE LN	
CITY-ST-ZIP		24 CITY-ST-ZIP	MILTON, FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David F Sears David F. Sears Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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