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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

K05733

(6)

DOCUMENT #

1. Corporation Name

ED VANCE PRINTING CO., INC.

Principal Place of Business Mailing Address								BIBIł WIBII DIBII B	1841 B1844 4884	
6090 JOHNS ROAD SUITE 11 TAMPA FL 33634		6090 JOHNS ROAD SUITE 11 TAMPA FL 33634								
7AM 74 12 550	••	THE TE SOOT				 Date Incorporated or Qualifing 12/04/1987 		ate of Last Re 05/01/199		
2. Principal Plai 21	ce of Business	2a, Mailing Address 26	-)			4. FEI Number 59-2860991		Applied For Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.	7			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financin Trust Fund Contribution		Added	May Be I to Fees	
Z ₁ ρ Country 24 25		Ζιρ 29	Gountry 30			Florida Statutes 🔲	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	t Hegistereo Agent		81	Name	10. Name and Address of No	w negistere	eo Agent		
VODV E	OGAR V., III									
	INS ROAD		82 Stre			Address (P.O. Box Number is Not Acce	ptable)			
SUITE 11				83						
TAMPA F	L 33634			84	City		F	85 Zıç	Code	
or registere familiar with SIGNATURE	o the provisions of Sections 607.0502 d agent, or both, in the State of Floric n, and accept the obligations of, Sect Signature, typed or proted name of registered agent	da. Such change was authorize ion 607.0505, Florida Statutes	ed by the o	corp	oration's	orporation submits this statement for the board of directors. Thereby accept the rouned when roust angle.	e purpose of appointment	as registered	egistered office agent. I am	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO		
TITLE	PD	DELETE	1 TITLE			PRESIDENT + TRE	asanea	∠ [_] Change	Add tion	
NAME	YORK, EDGAR V., III 15425 BRUSHWOOD DR.		1.2 NAME			P17				
STREET ADDRESS	TAMPA FL				ADDRESS		_	-41		
CITY-ST-2IP TITLE	VD	₩ DELETE	2 1 T		it - ZiP	Use of agreed 1	Secret	Change	Addition	
NAME	BRAUER, NORMAN H.	X	22 N						~	
STREET ADDRESS	5400 JOYNER AVE.		23S	23STREET						
CHTY-ST-ZIP			2 4 C	ITY - S	IT - ZIP	DO ACIA ALLA SE	<u>د</u>			
TITLE	SD	☐ DELETE	3 1 1	ITLE		VICE PRESIDENT &	HARV	☐ Change	Addition A	
NAME	YORK, JILL S.			3 2 NAME		V/3				
STREET ADDRESS	15425 Brushwood Dr. Tampa Fl			33 STREE						
CITY-ST-7IP	TD TD	MI DELETE	3 4 C 4 1 T		T - Z IP			Change	☐ Addition	
TITLE NAME	BRAUER, SHIRLEY M.	A perior	4 2 N					LJ viiange		
STREET ADDRESS	5400 JOYNER AVE				ADDRESS					
CITY-SI-ZIP	SPRING HILL FL				ST-ZIP					
TITLE		DELETE	5 1 1	*				Change	Addition	
NAME			52 N	AME						
STREET ADDRESS			538	TREET	ADORESS					
CITY - ST - ZIP			540	HY-5	ST-21P					
TITLE		DELE IE	6.1					Change	Add tion	
NAME			62 N	IAME		:				
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP	<u> </u>		640	ITY - 5	97-16	La disconsission data di Cartina	110.07/08/	Clasida Ctatu	tan 16 wtner	

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)(4). 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 AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

42196 813-882-8888

CR2E034 (12/95)