

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 # **K05733** (6)
1. Corporation Name
ED VANCE PRINTING CO., INC.



Principal Place of Business
**6090 JOHNS ROAD
SUITE 11
TAMPA FL 33634**

Mailing Address
**6090 JOHNS ROAD
SUITE 11
TAMPA FL 33634**

3. Date Incorporated or Qualified 12/04/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2860991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YORK, EDGAR V., III
6090 JOHNS ROAD
SUITE 11
TAMPA FL 33634**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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

Signature, typed or printed name of registered agent or officer (if applicable)

(NOTE: Registered Agent signature required when first filed)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	STREET ADDRESS	12. NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	13. STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	2. TITLE	NAME
NAME	STREET ADDRESS	22. NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	23. STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	3. TITLE	NAME
NAME	STREET ADDRESS	32. NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	33. STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	4. TITLE	NAME
NAME	STREET ADDRESS	42. NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	43. STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	5. TITLE	NAME
NAME	STREET ADDRESS	52. NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	53. STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	6. TITLE	NAME
NAME	STREET ADDRESS	62. NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	63. STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	7. TITLE	NAME
NAME	STREET ADDRESS	72. NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	73. STREET ADDRESS	CITY - ST - ZIP

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)