

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 # *K38246*
1. Corporation Name
De Soto Press

Principal Place of Business
*2234 Killarney Way
Tallahassee, FL 32308*

Mailing Address
*1300 Executive Ctr.
Drive, Suite 439
Tallahassee, FL 32301*

2. Principal Place of Business
21 *2234 Killarney Way*
Suite, Apt. #, etc.
22
City & State
23 *Tallahassee, FL*
Zip Country
24 *32308* 25 *USA*

2a. Mailing Address
26 *1300 Executive Ctr Dr.*
Suite, Apt. #, etc.
27 *Suite 439*
City & State
28 *Tallahassee, FL*
Zip Country
29 *32301* 30 *US*

3. Date Incorporated or Qualified
01/02/89

3a. Date of Last Report
1995

4. FEI Number
59-2926355

Applied For
Not Applicable

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. 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

*Ann Cro
2234 Killarney Way
Tallahassee, FL 32308*

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 *Ann Cro*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature not required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

*President, VP, Director
Ann Cro
2234 Killarney Way
Tallahassee, FL 32308*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

*Secretary Treasurer
Steph Cro
2234 Killarney Way
Tallahassee, FL 32308*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

2 1 TITLE ☐ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE ☐ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

**100001812421
-05/08/96--01006--028
***200.00**

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)(k), 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: *Ann Cro* *April 30, 1996* *981-668-9963*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)