

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 # K83095 (5)

1. Corporation Name

SORREL'S PRINTING AND BOX CO., INC.

Principal Place of Business

806 SW 12TH STREET
P. O. BOX 4380
OCALA FL 34478

Mailing Address

806 SW 12TH STREET
P. O. BOX 4380
OCALA FL 34478



2. Principal Place of Business
21 1203 SW 12th St.
Suite, Apt. #, etc.
22 B
City & State
23 Ocala, FL
Zip
24 34474
Country
25
26 1203 SW 12th St.
Suite, Apt. #, etc.
27 B
City & State
28 Ocala, FL
Zip
29 34474
Country
30

3. Date Incorporated or Qualified 04/25/1989
3a. Date of Last Report 06/12/1995
4. FEI Number 59-2940663
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

SORRELS, CLIFFORD DEWITT
806 SOUTHWEST 12TH STREET
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name Jody Sorrels
82 Street Address (P.O. Box Number is Not Acceptable) 1203 SW 12th St.
83
84 City Ocala FL 85 Zip Code 34474

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 607.005, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	SORRELS, CLIFFORD DEWITT	3751 SE 52ND STREET	OCALA FL	<input checked="" type="checkbox"/>
VSD	SORRELS, TREVA L.	3751 SE 52ND STREET	OCALA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
Pres.	Jody Sorrels	2965 NE 42nd Pl.	Ocala, FL 34479	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Toby Sorrels	5026 SE 37th Ave.	Ocala, FL 34480	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-732-4442
Daytime Phone #

CR2E034 (12/95)