

**-FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 10 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L22509 (8)**  
1. Corporation Name  
**PRINTING RESOURCES, INC.**

Principal Place of Business <b>1911 NW 67TH PLACE BAY #1 GAINESVILLE FL 32655 US</b>	Mailing Address <b>1911 NW 67TH PLACE BAY #1 GAINESVILLE FL 32653 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/12/1989</b>	
25		30		4. FEI Number <b>59-2973990</b>	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SEXTON, JUDY LU 6407 NW 132ND ST GAINESVILLE FL 32653</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		PT		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		SEXTON, JUDY LU				1.2 NAME					
STREET ADDRESS		6407 NW 132ND ST				1.3 STREET ADDRESS					
CITY - ST - ZIP		GAINESVILLE FL				1.4 CITY - ST - ZIP					
TITLE		VS		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		SEXTON, DAVID R				2.2 NAME					
STREET ADDRESS		6407 NW 132ND ST				2.3 STREET ADDRESS					
CITY - ST - ZIP		GAINESVILLE FL				2.4 CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						3.2 NAME					
STREET ADDRESS						3.3 STREET ADDRESS					
CITY - ST - ZIP						3.4 CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						4.2 NAME					
STREET ADDRESS						4.3 STREET ADDRESS					
CITY - ST - ZIP						4.4 CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREET ADDRESS					
CITY - ST - ZIP						5.4 CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						6.2 NAME					
STREET ADDRESS						6.3 STREET ADDRESS					
CITY - ST - ZIP						6.4 CITY - ST - ZIP					

14. I hereby certify that the information supplied with this filing 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:** *Judy Sexton* **Judy Sexton President 04/03/98** **352-374-4637**

CR2E034 (10/97)