**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:43

DOCUMENT # **L31510** **(5)**

1. Corporation Name
**OVERFLOW PRESS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5720 W CRENSHAW, STE A<br>TAMPA FL 33634-0005 | 5720 W CRENSHAW, STE A<br>TAMPA FL 33634-0005 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/22/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: 5420 W. CRENSHAW — 22: Suite, Apt. #, etc. — 23: City & State: TAMPA FLORIDA — 24: Zip: 33634 — 25: County: HILLSBOROUGH

2a. Mailing Address — 26: 5420 W. CRENSHAW — 27: Suite, Apt. #, etc. — 28: City & State: TAMPA FLORIDA — 29: Zip: 33634 — 30: County: HILLSBOROUGH

4. FEI Number: 59-3008288 ☐ 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**

ROBERTS, JAMES
4354 OUTRIGGER LANE
TAMPA FL 33615

**10. Name and Address of New Registered Agent**

61 Name:
62 Street Address (P.O. Box Number is Not Acceptable): 7706 WINGING WAY DRIVE
63:
64 City: TAMPA FL 65 Zip Code: 33615

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 restating) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☒ Change ☐ Addition |
| NAME | ROBERTS, RANDAL A | 12 NAME | |
| STREET ADDRESS | 6001 JOHNS RD BLDG B-9 | 13 STREET ADDRESS | DELETE FROM CORPORATION |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | |
| TITLE | P | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ROBERTS, LORI A. | 22 NAME | |
| STREET ADDRESS | 5720 W CRENSHAW STE 10 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 24 CITY-ST-ZIP | |
| TITLE | MV | 31 TITLE | ☐ Change ☐ Addition |
| NAME | ROBERTS, JAMES | 32 NAME | |
| STREET ADDRESS | 4354 OUTRIGGER LANE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA F | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

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)(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:** James Roberts JAMES ROBERTS 6.25.95 813-884-4281
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0101630 CP