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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PH 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L32717** (5)

1. Corporation Name
E AND S WHOLESALE PRINTING INC.

Principal Place of Business Mailing Address
P.O. BOX 6045 P.O. BOX 6045
DELTONA FL 32726 DELTONA FL 32726

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/27/1989** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-2975518** 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

2. Principal Place of Business 2a. Mailing Address
21 **2322 NOBT** 26 **PO Box 6045**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **ORLANDO FL.** 28 **DELTONA FL.**
Zip Country Zip Country
24 **32804** 25 **ORANGE** 29 **32728** 30 **VOLUSIA**

9. Name and Address of Current Registered Agent
BOOHER, ERIC E
2318 NOBT
ORLANDO FL 32804

10. Name and Address of New Registered Agent
81 Name **Booher, Donn A.**
82 Street Address (P.O. Box Number is Not Acceptable) **2322 NOBT**
83
84 City **ORLANDO** FL 85 Zip Code **32804**

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 Donn A Booher Donn A Booher 4/14/95
Signature (Typed or printed name of registered agent and this is applicable) NOTE: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	BOOHER, DONN A.
STREET ADDRESS	1760 TWIN OAK ST
CITY - ST - ZIP	DELTONA FL
TITLE	DP
NAME	BOOHER, ERIC E
STREET ADDRESS	2318 NOBT
CITY - ST - ZIP	ORLANDO FL
TITLE	T
NAME	BOOHER, PATRICIA
STREET ADDRESS	1760 TWIN OAK ST.
CITY - ST - ZIP	DELTONA FL
TITLE	S
NAME	BOOHER, PATRICIA
STREET ADDRESS	1760 TWIN OAK STREET
CITY - ST - ZIP	DELTONA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Booher, Donn A.	
1.3 STREET ADDRESS	1760 TWIN OAK ST	
1.4 CITY - ST - ZIP	DELTONA FL 32725	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Booher, ERIC E.	
2.3 STREET ADDRESS	2322 NOBT	
2.4 CITY - ST - ZIP	ORLANDO FL 32804	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(b), 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 of change, or on my appointment with an address.

SIGNATURE: Donn A Booher Donn A Booher Pres. 4/14/95 407-425-6519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed from #)