

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L32717** (5)

1. Corporation Name

E AND S WHOLESALE PRINTING INC.



Principal Place of Business

**2322 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804
US**

Mailing Address

**P O BOX 6045
DELTONA FL 32728
US**

3. Date Incorporated or Qualified 11/27/1989	3a. Date of Last Report 04/18/1995
4. FEI Number 59-2975518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BOOHER, DONN A
2322 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81. Name Booher, Eric E.
82. Street Address (P.O. Box Number is Not Acceptable) 2322 N. Orange Blossom Trail
83. City Orlando
84. State 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 **Eric E. Booher** *Eric Booher* **4-24-96**
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 DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOHER, DONN A.		1.2 NAME Booher, Eric E.	
STREET ADDRESS 1760 TWIN OAK ST		1.3 STREET ADDRESS 2322 N. Orange Blossom Trail	
CITY-ST-ZIP DELTONA FL		1.4 CITY-ST-ZIP Orlando, FL 32804	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOHER, ERIC E		2.2 NAME Booher, Donn A.	
STREET ADDRESS 2322 N ORANGE BLOSSOM TRAIL		2.3 STREET ADDRESS 1760 Twin Oak Street	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP Deltona, FL 32725	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOHER, PATRICIA		3.2 NAME	
STREET ADDRESS 1760 TWIN OAK ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP DELTONA FL		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOHER, PATRICIA		4.2 NAME	
STREET ADDRESS 1760 TWIN OAK STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP DELTONA FL		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 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: **Patricia E. Booher** *Patricia E. Booher* **4-24-96** **407-425-6519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)