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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L32717** **(5)**

1. Corporation Name
E AND S WHOLESALE PRINTING INC.

Principal Place of Business	Mailing Address
2322 N ORANGE BLOSSOM TRAIL ORLANDO FL 32804 US	P O BOX 6045 DELTONA FL 32728-6045 US

3. Date Incorporated or Qualified: **11/27/1989**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

BOOHER, ERIC E.
2322 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOOHER, DONN A.		1.2 NAME		
STREET ADDRESS	1760 TWIN OAK ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOOHER, ERIC E		2.2 NAME		
STREET ADDRESS	2322 N ORANGE BLOSSOM TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☑ DELETE	4.1 TITLE	S	☑ Change ☐ Addition
NAME	BOOHER, PATRICIA		4.2 NAME	Rice, Teressa	
STREET ADDRESS	1760 TWIN OAK STREET		4.3 STREET ADDRESS	2061 Versailles Ave	
CITY-ST-ZIP	DELTONA FL		4.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [illegible] 3-24-97