

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L47993** (5)

1. Corporation Name

PRINTRONICS, INC.



Principal Place of Business

**3911 NEWBERRY RD
SUITE A
GAINESVILLE FL 32607**

Mailing Address

**3911 NEWBERRY RD
SUITE A
GAINESVILLE FL 32607**

3. Date Incorporated or Qualified

02/01/1990

3a. Date of Last Report

08/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **825 NW 23rd Avenue**

26 **825 NW 23rd Avenue**

4. FEI Number

59-2986122

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Building 1-A

27 Suite, Apt. #, etc.

Building 1-A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State

Gainesville, FL

28 City & State

Gainesville, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip

32609

Country

Alachua

29 Zip

32609

Country

Alachua

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LYNCH, WILLIAM R.
3911 NEWBERRY RD
GAINESVILLE FL 32607**

10. Name and Address of New-Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
825 NW 23rd Avenue

83

Building 1-A

84 City

Gainesville

FL

85

32609

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 ☐ DELETE

**P
LYNCH, WILLIAM, R
1648 NW 19TH CIRCLE
GAINESVILLE FL**

1.1 TITLE ☐ Change ☒ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

zip 32605

TITLE ☐ DELETE

**V
LYNCH, HELEN, M
1648 NW 19TH CIRCLE
GAINESVILLE FL**

2.1 TITLE ☐ Change ☒ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

zip 32605

TITLE ☐ DELETE

NAME

3.1 TITLE

STREET ADDRESS

3.2 NAME

CITY - ST - ZIP

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

4.1 TITLE

STREET ADDRESS

4.2 NAME

CITY - ST - ZIP

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

5.1 TITLE

STREET ADDRESS

5.2 NAME

CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

6.1 TITLE

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Helen M. Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

(352)

372-7820

Date

Business Phone #

CR2E034 (12/95)