

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
**825 NE 23 AVE  
BUILDING 1-A  
GAINESVILLE FL 32609  
US**

Mailing Address  
**3911 NEWBERRY RD  
BUILDING 1-A  
GAINESVILLE FL 32607-2355  
US**

3. Date Incorporated or Qualified **02/01/1990** 3a. Date of Last Report **04/30/1996**  
4. FEI Number **59-2886122** 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  
21 **825 NW 23rd Ave**  
Suite, Apt. # **5**  
22 City & State  
**Gainesville, FL**  
23 Zip **32609** Country **USA**  
24  
25  
26 **825 NW 23rd Ave**  
Suite, Apt. #, etc.  
27 **Bldg. 1-A**  
City & State  
28 **Gainesville, FL**  
Zip **32609-3569** Country **USA**  
29

9. Name and Address of Current Registered Agent  
**LYNCH, WILLIAM R.  
825 NW 23RD AVE  
BUILDING 1-A  
GAINESVILLE FL 32609**

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **P LYNCH, WILLIAM, R**  
STREET ADDRESS **1648 NW 19TH CIRCLE**  
CITY-ST-ZIP **GAINESVILLE FL**  
TITLE ☐ DELETE  
NAME **V LYNCH, HELEN, M**  
STREET ADDRESS **1648 NW 19TH CIRCLE**  
CITY-ST-ZIP **GAINESVILLE FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **32605**  
2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **32605**  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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 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:

*William R. Lynch*  
SIGNATURE AND TYPED OR PRINTED NAME OF JOINING OFFICER OR DIRECTOR

44-97

352-372-7820

0057393

CR2E034 (9/96)