FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L58336** **(3)**

1. Corporation Name
FLYER PRINTING COMPANY, INC.

Principal Place of Business	Mailing Address
201 KELSEY LANE TAMPA FL 33619	201 KELSEY LANE TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/14/1990**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2999445** ☐ 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	10. Name and Address of New Registered Agent
LEGAL ASSETS, INC. 1110 BRICKELL AVENUE PENTHOUSE MIAMI FL 33131	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVAS	1.1 TITLE	☐ Change ☐ Addition
NAME	MANDT, JUDITH M.	1.2 NAME	
STREET ADDRESS	116 ADALIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DPS	2.1 TITLE	☐ Change ☐ Addition
NAME	MANDT, RICHARD D.	2.2 NAME	
STREET ADDRESS	116 ADALIA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	~~DVS~~	3.1 TITLE	☒ Change ☐ Addition
NAME	MANDT, JOSEPH D.	3.2 NAME	D/V/AS
STREET ADDRESS	~~519 N GADSDEN ST~~	3.3 STREET ADDRESS	MANDT, JOSEPH D.
CITY-ST-ZIP	~~TALLAHASSEE FL~~	3.4 CITY-ST-ZIP	1631 SOUTHWIND DR.
TITLE	DVAS	4.1 TITLE	BRANDON, FL 33510
NAME	MANDT, A. J. M.	4.2 NAME	☒ Change ☐ Addition
STREET ADDRESS	~~116 ADALIA AVE~~	4.3 STREET ADDRESS	D/V/AS
CITY-ST-ZIP	~~TAMPA FL~~	4.4 CITY-ST-ZIP	MANDT, A.J.M.
TITLE		5.1 TITLE	1610 HARVARD WOODS DR., #2706
NAME		5.2 NAME	BRANDON, FL 33511
STREET ADDRESS		5.3 STREET ADDRESS	☐ Change ☒ Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	V/C.F.O.
TITLE		6.1 TITLE	TUCKER, JAMES H.
NAME		6.2 NAME	15219 PLANTATION OAKS DR., #3
STREET ADDRESS		6.3 STREET ADDRESS	TAMPA, FLORIDA 33647
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☒ Addition
			CHIEF OPERATING OFFICER
			ELOSHWAY, TIM
			7986 SNOWBERRY CIRCLE
			ORLANDO, FL 32819

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify [illegible] 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: James H Tucker JAMES H. TUCKER 3-28-95 813-626-9430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200000 CP