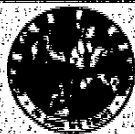


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L62705 (3)

1. Corporation Name

POST PRINTING COMPANY OF JACKSONVILLE

Principal Place of Business

Mailing Address

**% BARRY B. ANSEACHER
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216**

**% BARRY B. ANSEACHER
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 2000 Corporate Square Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit #4

27

City & State

City & State

23 Jacksonville, FL

28

Zip Country

Zip Country

24 32216

25

29

30

3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3002022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

**ANSEACHER, BARRY B.
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216**

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 the 4 applicable.

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPT

NAME

REICH, ANNETTE G.

STREET ADDRESS

**11310 RUSTIC WHEEL COURT
JACKSONVILLE FL**

CITY - ST - ZIP

JACKSONVILLE FL

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

DVS

NAME

REICH, LAWRENCE R.

STREET ADDRESS

**11310 RUSTIC WHEEL COURT
JACKSONVILLE FL**

CITY - ST - ZIP

JACKSONVILLE FL

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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: *M. Annette Reich*

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

M. Annette Reich, President

Date

April 4, 1995

Daytime Phone #

(904) 723-5964