

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # L65849 (6)

1. Corporation Name

MARTINDALE'S PRINTING COMPANY

95 APR 11 PM 3:43

Principal Place of Business

**% DORMAN A. MARTINDALE
8860 WOODVILLE HIGHWAY
TALLAHASSEE FL 32311**

Mailing Address

**% DORMAN A. MARTINDALE
8860 WOODVILLE HIGHWAY
TALLAHASSEE FL 32311**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/17/1990

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3007583

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARTINDALE, DORMAN A.
8860 WOODVILLE HIGHWAY
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name

DAVID A. MARTINDALE

82 Street Address (P.O. Box Number is Not Acceptable)

8860 Woodville Highway

83

84 City

Tallahassee

FL

85 Zip Code
32311

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

David A. Martindale

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTINDALE, DAVID A.
STREET ADDRESS	ROUTE 35, BOX 7070
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	MARTINDALE, DORMAN A.
STREET ADDRESS	ROUTE 35, BOX 7055
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	32311	
2.1 TITLE	President	☒ Change ☐ Addition
2.2 NAME	LINDA M. MARTINDALE	
2.3 STREET ADDRESS	ROUTE 35, BOX 7070	
2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32311	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David A. Martindale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95 421-2893