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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L73001** **(4)**

1. Corporation Name
PRINTSACOLA, INC.

Principal Place of Business	Mailing Address
1101 GULF BREEZE BLVD SUITE 246 GULF BREEZE FL 32562 US	440 E. HEINBERG ST. GULF BREEZE FL 32562 US

3. Date Incorporated or Qualified: 05/15/1990
3a. Date of Last Report: 06/03/1996

2. Principal Place of Business
21 201 PENSACOLA BCH RD
Suite, Apt. #, etc.
22 D-7
City & State
23 GULF BREEZE FL
Zip 24 32561 Country 25

2a. Mailing Address
26 P.O. BOX 1165
Suite, Apt. #, etc.
27
City & State
28 GULF BREEZE FL
Zip 29 32561 Country 30 SANTA ROSA

4. FEI Number: 59-3013143 ☐ 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

ALDER, ROBERT A.
440 EAST HEINBERG STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name ROBERT A. ALDER
82 Street Address (P.O. Box Number is Not Acceptable) 201 PENSACOLA BEACH RD D-7
83
84 City GULF BREEZE FL 85 Zip Code 32561

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 ROBERT A. ALDER — 4/25/97
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	PSTD ☒ DELETE	1.1 TITLE	PSTD ☒ Change ☐ Addition
NAME	ALDER, ROBERT A.	1.2 NAME	ROBERT A. ALDER
STREET ADDRESS	440 E. HEINBERG ST	1.3 STREET ADDRESS	201 PENSACOLA BEACH ROAD - D-7
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: ROBERT A. ALDER SIGNATURE REQUIRED — 4/29/97 — (904) 916-1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0514806