

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M66109** (3)

1. Corporation Name  
**THE PRINT SHOP OF TALLAHASSEE, INC.**



Principal Place of Business: % DEBORAH S. KERR, 1428 CAPITAL CR. NW, TALLAHASSEE FL 32303 US  
Mailing Address: % DEBORAH S. KERR, 1428 CAPITAL CR. NW, TALLAHASSEE FL 32303 US

3. Date Incorporated or Qualified: **01/28/1988**  
3a. Date of Last Report: **02/27/1995**  
4. FEI Number: **59-2869420**  
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 **1467 Capital Circle NW**, Suite, Apt. #, etc. **#101**, City & State **Tallahassee, FL**, Zip **32303**, Country **Leon**  
2a. Mailing Address: 26 **1467 Capital Circle NW**, Suite, Apt. #, etc. **#101**, City & State **Tallahassee, FL**, Zip **32303**, Country **Leon**

9. Name and Address of Current Registered Agent  
**KERR, DEBORAH S**  
**1428 CAPITAL CR. NW**  
**TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **1467 Capital Circle NW**  
83 **#101**  
84 City **Tallahassee**, FL 85 Zip Code **32303**

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: \_\_\_\_\_ (Type or print name of registered agent and title, if applicable) (If the registered agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	KERR, DEBORAH S	
STREET ADDRESS	2722 LEARY LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	ALLBRITTON, DONNA D.	
STREET ADDRESS	4264 SHERBORNE RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: Deborah S. Kerr, Deborah S. Kerr 5/14/96 575-9625  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)