

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 FEB 27 AM 12:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P26429 (1)

1. Corporation Name

CONTINENTAL PRINTING INK COMPANY

Principal Place of Business

**1565 INTEGRITY DRIVE, EAST
COLUMBUS OH 43209**

Mailing Address

**1565 INTEGRITY DRIVE, EAST
COLUMBUS OH 43209**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1989

3a. Date of Last Report

01/28/1994

4. FEI Number

31-4137480

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JACOB, JOSEPH J.
1000 S. HARBOUR ISLAND BLVD.
UNIT 2101
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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 607.1505, Florida Statutes.

SIGNATURE

Signature, typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

2/18/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PO

**JACOB, Y. PETE
1530 PICARDE CT
POWELL OH**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

**JACOB, WILLIAM
1565 INTEGRITY DR E
COLUMBUS, OH**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**JACOB, DOROTHY
1530 PICARDE CT
POWELL OH**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**JACOB, JOSEPH J
1000 S HARBOUR ISLAND BLVD UNIT 2101
TAMPA FL**

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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 119.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DOROTHY C. JACOB, SECRETARY/TREASURER

2/16/95

64-4447543