

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P32987 (0)

1. Corporation Name

THE NAIAD PRESS, INCORPORATED



Principal Place of Business

RR 1 BOX 3319
HAVANA FL 32333

Mailing Address

RR 1 BOX 3319
HAVANA FL 32333

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

GRIER, BARBARA
RR 1 BOX 3319
HAVANA FL 32333

3. Date Incorporated or Qualified

02/28/1991

3a. Date of Last Report

04/28/1995

4. FET Number

51-0186965

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	GRIER, BARBARA	
STREET ADDRESS	RR 1 BOX 3319/NA	
CITY-STATE-ZIP	HAVANA FL	
TITLE	VPT	☐ DELETE
NAME	MCBRIDE, DONNA J.	
STREET ADDRESS	RR 1 BOX 3319/NA	
CITY-STATE-ZIP	HAVANA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	☐ Change ☐ Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	☐ Change ☐ Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	☐ Change ☐ Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	☐ Change ☐ Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
35 TITLE	☐ Change ☐ Addition
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-ZIP	
39 TITLE	☐ Change ☐ Addition
40 NAME	
41 STREET ADDRESS	
42 CITY-STATE-ZIP	

100001770411
-04/05/96--01018--023
***200.00

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(1)(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. 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 Book 12 or Book 13 (if changed) or on an affidavit filed with an address.

SIGNATURE:

Donna J. McBride
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-296

904-539-5965
5-4-96

CR2E034 (12/95)