

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 # **P92000009871 (4)**

1. Corporation Name

TRU-DIMENSIONS PRINTING, INC.



Principal Place of Business

**1624 N. C.R. 427
LONGWOOD FL 32750
US**

Mailing Address

**1624 N. C.R. 427
LONGWOOD FL 32750
US**

3. Date Incorporated or Qualified

12/07/1992

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3154832

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

Zip

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JETT, MARY
1624 N. C.R. 427
LONGWOOD FL 32750**

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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the corporation, then the registered agent)

Signature of Registered Agent (if not the corporation, then the registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JETT, MARY E	
STREET ADDRESS	1624 N.C.R. 427	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	VD	☐ DELETE
NAME	JETT, CHARLES L SR	
STREET ADDRESS	1624 N.C.R. 427	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	TD	☐ DELETE
NAME	JETT, CHARLES L JR	
STREET ADDRESS	1624 N.C.R. 427	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	SD	☒ DELETE
NAME	JETT, TERESA MARIE	
STREET ADDRESS	135 WILDWOOD DR	
CITY - ST - ZIP	SANFORD FL 32773	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2. TITLE	☐ Change ☐ Addition
27. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. 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:

Mary E. Jett - MARY E. Jett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96
DATE

407-334-6062
Daytime Phone #

CR2E034 (12/95)