FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

OFFICERS AND DIRECTORS

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000036314

1. Corporation Name

12.

THE PRINTERY FAMILY, INC.

TALLAHASSEE FL 32308 TALLAHASSEE FL 32317 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1993 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1993 Applied For Not Applicable 59-3185040 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 55.00 May Be Added to Fees Added to Fees Zip Country Zip Country S. This corporation owes the current year Intangible		•				
TALLAHASSEE FL 32308 TALLAHASSEE FL 32317 US TALLAHASSEE FL 32317 US TALLAHASSEE FL 32317 US TALLAHASSEE FL 32317 US 3. Date Incorporated or Qualified 05/19/1993 4. FEI Number 59-3185040 Not Applied For 59-3185040 Not Applied For 59-3185040 Not Applied For 59-3185040 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contribution Personal Property Tax. Personal Property Tax. Press INo 9. Name and Address of Current Registered Agent O'STEEN, J C 346 OFFICE PLAZA TALLAHASSEE FL 32301 83 ACITY FL 85 Tip Code Tip Co	Principal Place of Business	Mailing Address		- I (30)(40) (10 (6)00 2011 0021 4011 0021 4010 1)14)0 84688 14181 31811 8481 1881	
2. Principal Place of Business 2. Mailing Address 3. Mailing Address 4. FEI Number 59-3185040 Suite, Apt. #, etc. 5. Certificate of Status Desired 7. Suite, Apt. #, etc. 7. City & State 7. City & State 8. Election Campaign Financing 7. Trust Fund Contribution 7. Additional 7. Fee Required 7. Trust Fund Contribution 7. Added to Fees 7. Trust Fund Contribution 7. Added to Fees 7. Country 7. Signant Fund Contribution 7. Added to Fees 8. This corporation owes the current year Intangible 7. Personal Property Tax. 8. This corporation owes the current year Intangible 7. Personal Property Tax. 8. Name 8. Name 8. Name 8. Name 8. Signant Fund Contribution 9. Name and Address of Current Registered Agent 8. Name 8. Name 8. This corporation owes the current year Intangible 8. Personal Property Tax. 8. Name 8. Name 8. Signant Fund Contribution 9. Name and Address of New Registered Agent 8. Name 8. Signant Fund Contribution 8. This corporation owes the current year Intangible 8. Personal Property Tax. 8. This corporation owes the current year Intangible 9. Name and Address of New Registered Agent 9. Name and Address of New Re	1519 CAPITAL CIRCLE NE TALLAHASSEE FL 32308	TALLAHASSEE FL 32317		3. Date Incorporated or Qualifed	SPACE	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business	2a. Mailing Address			Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.	21	26		59-3185040	Not Applicable	
City & State Country Country Country Expressional Property Tax. Personal Property Tax. Personal Property Tax. City Test Address of New Registered Agent City State City FL 85 Zip Code City & State City FL 85 Zip Code City Code City & State City FL 85 Zip Code City Code City & State City FL 85 Zip Code City Code C	Suite, Apt. #, etc.	-			•	
Zip Country Zip Country Strip Countr		⊢ ¬ ΄			•	
O'STEEN, J C 346 OFFICE PLAZA TALLAHASSEE FL 32301 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 51 1 1 1 1 1 1 1 1	Zip Country	<u>-</u> , '	untry	Personal Property Tax.	Yes □No	
O'STEEN, J C 346 OFFICE PLAZA TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 211. 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	9. Name and Address of Current Registered Agent					
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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	346 OFFICE PLAZA TALLAHASSEE FL 32301					
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SIGNATURE	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					

DELETE 1.1 TITLE Change ☐ Addition TITLE HODGE, JORY L 1.2 NAME NAME 1519 CAPITAL CIRCLE NE 1.3 STREET ADORESS STREET ADDRESS TALLAHASSEE FL 32308 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE SD TITLE HODGE, JACK J 2.2 NAME NAME 1519 CAPITAL CIRCLE NE 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition me3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY+ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME

13.

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Hodge President 4-29-99 877-64

CR2E034 (11/98

FILED

05-05-1999 90196 050 ***150.00

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

May 05, 1999 8:00 am = Secretary of State