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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000060635 (8) DOCUMENT # PUBLICATIONS CONSULTANTS, INC. Principal Place of Business Mailing Address 781 CAXAMBAS DRIVE 781 CAXAMBAS DRIVE MARCO ISLAND FL 33937 MARCO ISLAND FL 33937 HS US Date Incorporated or Qualified 08/26/1993 3a. Date of Last Report 03/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0433459 Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s 199,032, 24 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name GUILFOIL, PAUL J **B2** Street Address (P.O. Box Number is Not Acceptable) 225 N.E. EIGHTH AVENUE **OCALA FL 34470** 83 84 City Zip Code 85 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typest or per led hance of registered agent and little if applicable (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ☐ Change ☐ Addition MILLER, DAVID M NAME 1.2 NAME %781 CAXAMBAS DRIVE STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL CIY ST ZP 14 City - ST- ZIP TJUE DELETE 2 1 THTLE ☐ Change Addition CENTRACCHIO, JUDITH NAM 22 NAME %781 CAXAMBAS DRIVE STREET ADDRESS 2 3 STREET ADDRESS MARCO ISLAND FL CHY ST ZIP 2 4 CITY-ST-ZIP DELETE THE 3 1 TITLE ☐ Change ■ Addition SILVER, BERNARD NAME 3.2 NAME %781 CAXAMBAS DRIVE SHEET ADDRESS 3.3 STREET ADDRESS MARCO ISLAND FL COTY ST ZIE 3 4 CITY - ST - ZIP 14006 DELETE 4.1 TITLE ☐ Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP DELETE TILLE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** C(1Y 51-2)P 54 CITY-ST-ZIP 5013 DELETE 6 1 TITLE ☐ Change Addition NAM-62 NAME SUBSELLATORESS. 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 eath, 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

SIGNATURE:

OITY ST-716

SIGNATURE AND TYPED OR PR G OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

22196

(12/95)

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