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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

1997

DOCUMENT # P93000062751 (1)

1. Corporation Name
THE SHERIDAN GROUP, INC.



Principal Place of Business

~~41380 PROSPERITY FARMS RD.
STE. 220 A
PALM BCH GARDENS FL 33410
US~~

Mailing Address

~~11380 PROSPERITY FARMS RD.
STE 200-A
PALM BCH GARDENS FL 33410-3474
US~~

3. Date Incorporated or Qualified
09/09/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 11382 PROSPERITY FARMS RD

2a. Mailing Address

26 SAME AS

4. FEI Number
65-0441742

Applied For
Not Applicable

Suite, Apt #, etc

22 STE. 228 A

Suite, Apt #, etc

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 PALM BEACH GARDENS, FL.

City & State

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 33410-3463

Country

25 PALM BEACH

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

BUTTE, JOHN T
8531 BEACONHILL RD.
PALM BEACH GARDENS FL 33410

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BUTTE, JOHN T
STREET ADDRESS 8531 BEACONHILL RD
CITY-ST-ZIP PALM BCH GARDENS FL 33410 ☐ DELETE

TITLE S
NAME BUTTE, JOHN T.
STREET ADDRESS 8531 BEACONHILL RD
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 232 Coconut Row
1.4 CITY-ST-ZIP Palm Beach, FL 33480

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 232 Coconut Row
2.4 CITY-ST-ZIP Palm Beach, FL 33480

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 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, 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: *John Butte, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 625-3531

2/28/97

Date Daytime Phone #

CR2E034 (9/96)