

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90004 045 \*\*\*150.00

DOCUMENT # P93000062751

1. Corporation Name

THE SHERIDAN GROUP, INC.



Principal Place of Business

~~6000 OKEECHOBEE BLVD~~

~~201~~

~~W. PALM BCH FL 33417~~

~~US~~

Mailing Address

~~6000 OKEECHOBEE BLVD~~

~~201~~

~~W. PALM BCH FL 33417~~

~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1993

4. FEI Number

65-0441742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 2029 VININGS CIRCLE

Suite, Apt. #, etc.

404

23 WELLINGTON

Zip

33414

Country

FL

2a. Mailing Address

26 2029 VININGS CIRCLE

Suite, Apt. #, etc.

404

28 WELLINGTON

Zip

33414

Country

FL

9. Name and Address of Current Registered Agent

BUTTE, JOHN T  
11863 WIMBLEDON CIR #519  
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name BUTTE, JOHN T.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2029 VININGS CIRCLE  
83 SUITE 404  
84 City WELLINGTON FL 85 Zip Code 33414

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

☐ DELETE

TITLE P  
NAME BUTTE, JOHN T  
STREET ADDRESS 11863 WIMBLEDON CIR #519  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE S ☐ DELETE

NAME BUTTE, JOHN T.  
STREET ADDRESS 232 COCONUT ROW  
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change

☐ Addition

1.1 TITLE P  
1.2 NAME BUTTE, JOHN T  
1.3 STREET ADDRESS 2029 VININGS CIRCLE, STE 404  
1.4 CITY-ST-ZIP WELLINGTON, FL 33414

2.1 TITLE S ☐ Change ☐ Addition

2.2 NAME BUTTE, JOHN T  
2.3 STREET ADDRESS 2029 VININGS CIRCLE, STE 404  
2.4 CITY-ST-ZIP WELLINGTON, FL 33414

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

792-1352

Daytime Phone #

CR2E034 (11/98)