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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P94000001452 (9)
1. Corporation Name
C & B PRINTING AND BINDING, INC.

Principal Place of Business
1618 N. FORT HARRISON
CLEARWATER FL 34615-2424

Mailing Address
1618 N. FORT HARRISON
CLEARWATER FL 34615-2424

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/07/1994		01/07/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-3215094		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution		7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes	
27		32		7. Yes		No WE PAY OUR TAX	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITNEY, CRESCENZA 1618 N. FORT HARRISON CLEARWATER FL 34615-2424				81 Name ROBERT WHITNEY - CRESCENZA WHITNEY 82 Street Address (P.O. Box Number is Not Acceptable) 524 WINDING WILLOW DR. 83 PALM HARBOR, FL 34683 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 Crescenza Whitney 1-10-95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, CRESCENZA	1.2 NAME	
STREET ADDRESS	1618 N. FORT HARRISON	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, ROBERT	2.2 NAME	
STREET ADDRESS	1618 N. FORT HARRISON	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, CHERYL A	3.2 NAME	
STREET ADDRESS	1618 N. FORT HARRISON	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, ROBERT JR.	4.2 NAME	
STREET ADDRESS	1618 N. FORT HARRISON	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	*Crescenza Whitney gave
STREET ADDRESS		5.3 STREET ADDRESS	authorization on 1/10/95 to line through
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Robert Whitney in block 10.
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(b), 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: Crescenza Whitney 1-10-95 (813) 443-2363
Signature and typed or printed name of signing officer or director