


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

FILED  
Mar 10 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P94000022890 (5)**

1. Corporation Name  
**EXPRESS PRINT INTERNATIONAL, INC.**

Principal Place of Business  
**% 98 EAST GARDEN STREET  
PENSACOLA FL 32501**

Mailing Address  
**% 98 EAST GARDEN STREET  
PENSACOLA FL 32501**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/24/1994**

4. FEI Number

**59-3231571**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MINSHEW, LISA S  
555 E. GOVERNMENT STREET  
PENSACOLA FL 32501**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **CHISM, ROBERT A**  
STREET ADDRESS **1930 N 18TH AVE**  
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **32503**

TITLE **VPD** ☐ DELETE  
NAME **MCKELLER, D MARK**  
STREET ADDRESS **122 CELESTE PLACE**  
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **32506**

TITLE **STD** ☐ DELETE  
NAME **MCKELLER, MICHAEL A**  
STREET ADDRESS **122 CELESTE PLACE**  
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **32506**

TITLE **D** ☐ DELETE  
NAME **BROWN, GERALD L**  
STREET ADDRESS **3405 HILLSIDE AVE**  
CITY-ST-ZIP **GULF BREEZE FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **32561**

TITLE **D** ☐ DELETE  
NAME **SCHMITZ, MICHAEL**  
STREET ADDRESS **10321 BOWMAN AVE**  
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP **32534**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *[Signature]* **Michael A. McKeller**

3/4/98 850-435-8812

CR2E034 (10/97)