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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000026649 (1)

QUILL & PRESS (FLORIDA), INC.

Principal Place of Business 2721 E OCEAN BLVD STUART FL 34996

Mailing Address 2721 E OCEAN BLVD STUART FL 34996

FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0481029 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HIGGINS, JAMES S 2400 S FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 320** STUART FL 34994 83 85 Zip Code 84 City FL 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 life if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE HOGLE, ROBERT M 1.2 NAME CR2E034 NAME 22 N SEWALL'S POINT RD 1.3 STREET ADDRESS STREET ADDRESS STUART FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change __ DELETE 2.1 TITLE TITLE HOGLE, TINA B 2.2 NAME NAME 22 NORTH SEWALL'S POINT RD STREET ADDRESS 2.3 STREET ADDRESS STUART FL 2, 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITE F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF Addition DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 schanged, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

TRE BE Robert M. Hople, President

1-6-98 561.286-5999