

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000041432 (3)

1. Corporation Name

QUEER PRESS, INC.



Principal Place of Business

P.O. BOX 14682  
TALLAHASSEE FL 32317-4682

Mailing Address

P.O. BOX 14682  
TALLAHASSEE FL 32317-4682

3. Date Incorporated or Qualified

06/02/1994

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUVER, MICHAEL L  
1353 E LAFAYETTE STREET  
TALLAHASSEE FL 32302

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME

D  
GRANICK, IAN H  
117 WEST 7TH AVENUE  
TALLAHASSEE FL 32303

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
TRILSCH, RICHARD W JR  
420 E CALL STREET  
TALLAHASSEE FL 32301

☐ DELETE

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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:

*I. Granick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I. Granick

2/6/96

904-671-7282

Date

Daytime Phone #

CR2E034 (12/95)