

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:50

DOCUMENT # P94000057820 (0)

1. Corporation Name

SILVERFOX PUBLISHING & DISTRIBUTION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10360 98TH ST. NORTH
SEMINOLE FL 34643

10360 98TH ST. NORTH
SEMINOLE FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/04/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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Suite Apt. #, etc.

Suite Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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4. FEI Number

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

7. This corporation has liability for intangible tax under § 190.032,
Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOGELSONGER, PATRICIA A
10360 98TH ST. NORTH
SEMINOLE FL 34643

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 of Agent or President, if registered agent and the President)

(Signature of Agent or President, if registered agent and the President)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.021(1)(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 199, Florida Statutes, and that my name appears in Block 12 of this report. If changed, or on an attachment with an address.

SIGNATURE

Patricia A. Fogelsonger PATRICIA A. FOGELSONGER

4/24/95

813 393 9908