

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 MAY 27 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

THOMASVILLE PRINT AND DECORATING INC

Principal Place of Business

Mailing Address

2551 E. PINETREE BLVD.  
THOMASVILLE GA 31792

2617 MALIN DR.  
TALLAHASSEE FL 32308

2. Principal Place of Business

2a. Mailing Address

21 2551 E. PINETREE BLVD  
Suite, Apt. #, etc.

26 2617 MALIN DR  
Suite, Apt. #, etc.

City & State

City & State

23 THOMASVILLE GA 31792  
Zip Country

28 TALLAHASSEE FL  
Zip Country

24 31792

25 THOMAS

29 32308

30 LEON

3. Date Incorporated or Qualified

3a. Date of Last Report

9-13-94

5-1-96

4. FEI Number

58-2130409

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN E. MOLONEY  
2617 MALIN DR  
TALLAHASSEE, FL 32308

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME ☐ DELETE

12.1 NAME JOHN E. MOLONEY  
12.2 STREET ADDRESS 2617 MALIN DR  
12.3 CITY-ST-ZIP TALL FL 32308

12.1 TITLE ☐ DELETE

12.1 TITLE SEC  
12.2 NAME DADNEY R. MOLONEY  
12.3 STREET ADDRESS 2617 MALIN DR  
12.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

12.1 TITLE ☐ DELETE

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

12.1 TITLE ☐ DELETE

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14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)