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

FILED

Apr 30 1997 8:00am

Secretary of State

09-678-8007

DOCUMENT # P9400069700 (0)

PRINTING PLUS, INC. OF NICEVILLE

Principal Place of Business Mailing Address			E NEBRIFOR THE IRIN COUL ORALL BOTTE BEING COLIFE DAILS FOLL FOR THE SERVICE FOR THE			
860 JOHN SIMS PARKWAY NICEVILLE FL 32758		860 JOHN SIMS PARKWAY NICEVILLE FL 32578				
				3. Date Incorporated or Qualified 09/20/1994	3a. Date of East Report 06/21/1996	
-	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21]		26		59-3265844 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & State		City & State	City & State			
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip Country		Z _I p Country		8. This corporation has liability for		
24	25	H 1	30		Yes No	
	9. Name and Address of Curren			10. Name and Address of New Re	gistered Agent	
W OL	FE; LARRY		81 Name M	lichael Weinsto	a k	
200 A JOHN KNOX ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptate		
TALLAHAGGEE FL 92909 904 8 -			00	860 John Sims Parkway		
			83			
			B4 Cily /		85 Zip Code	
			NIC	eville	FL 33578	
11. Pursuant	to the provisions of Sections 607.0502	Pland 607,1508, Florida Statute	es, une apove-namem con	ooration subtilits inis slatement for the t	ourpose of changing its registered	
office or registered security. A both, in the State of A forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am an in the state of the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	WI Cheek DW	ems/od			X 4/25/97	
	OFFICERS AND	·-·-	Registered Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE//	
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	WEINSTOCK, MICHAEL		12 NAME		El origingo El villatitori	
STREET ADDRESS	860 JOHN SIMS PARKWAY		13 STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL 32758		14 CITY-ST-ZIP			
TITLE	D	DELETE	21 TILE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	WEINSTOCK, DIANA L		2.2 NAME		-	
STREET ADDRESS	860 JOHN SIMS PARKWAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			32 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP			34. CITY-ST-ZIP			
TITLE		∐ DELFTE	4 1 111LE	*	Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-S1-7IP		Change Addition	
TITLE		L_J DELETE	51 TITLE		☐ Change ☐ Addition	
NAME			52 NAME			
STREET ADDRESS			53 STREET ADDRESS 54 City-St-7/P			
CITY-ST-ZIP TITLE		DELETE	61 TITLE		☐ Change ☐ Addition	
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP			
14. I do heret	by certify that the information supplied	with this filing does not qualif	y for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
				it my signature shall have the same lega ort as required by Chapter 607, Florida S		