

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 # P94000071356 (7)

1. Corporation Name

ON DEMAND PRINTING, INC.



Principal Place of Business

Mailing Address

7933 N. ARMENIA AVENUE
TAMPA FL 33604

7933 N. ARMENIA AVENUE
TAMPA FL 33604

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

01/13/1995

2. Principal Place of Business

21 TAMPA

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

4. FET Number

59-3272362

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

COLLER, WAYNE L
7933 N. ARMENIA AVENUE
TAMPA FL 33604

10. Name and Address of New Registered Agent

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 on back of this statement and for it applicable

(Print if Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME
COLLER, WAYNE L
STREET ADDRESS
7933 N. ARMENIA AVENUE
CITY-ST-ZIP
TAMPA FL 33604

12 TITLE ☐ DELETE

NAME
COLLER, Nanci J
STREET ADDRESS
7933 N. ARMENIA AVENUE
CITY-ST-ZIP
TAMPA FL 33604

13 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

17 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

18 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

71 TITLE ☐ Change ☐ Addition

72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP

81 TITLE ☐ Change ☐ Addition

82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP

91 TITLE ☐ Change ☐ Addition

92 NAME
93 STREET ADDRESS
94 CITY-ST-ZIP

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:

Wayne L. Collier, President

Date

1/17/96 813-931-3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (12/95)