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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90171 039 ***150.00

DOCUMENT #	P94000086845
1. Corporation Name	1 0 10000000 10

HALYARD PRESS, INC.

Principal Place of Business
6248 HALYARD COURT ROCKLEDGE FL 32955

Mailing Address

6248 HALYARD COURT ROCKLEDGE FL 32955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/30/1994 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 59-3274533 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5:00 мау ве Added to Fees Trust Fund Contribution 28 23 Country Zip 8. This corporation owes the current year Intangible Zip Country **⊠**No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MERRITT, SANDRA M Street Address (P.O. Box Number is Not Acceptable) 6248 HALYARD CT **ROCKLEDGE FL 32955** 83 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME MERRITT, SANDRA M NAME 1,3 STREET ADDRESS 6248 HALYARD CT STREET ADDRESS ROCKLEDGE FL 32955 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE MERRITT, STEPHEN P 2.2 NAME NAME 2.3 STREET ADDRESS 6248 HALYARD CT STREET ADDRESS **ROCKLEDGE FL 32955** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change --- Addition F-DELETE: 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ D€LETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE:

407 636 573

CR2E034 (11/98)