FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000003174 (6)**

1. Corporation Name

PRINTNET, INC.

Principal Place of Business

RT 3 BOX 55A
ALACHUA FL 32615

Mailing Address

~~**RT 3 BOX 55A**~~ 15411 NW 89 Street
ALACHUA FL 32615

2. Principal Place of Business	2a. Mailing Address
21 15411 NW 89th St	26 15411 NW 89th St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Alachua FL	28 City & State: Alachua FL
24 Zip: 32615 25 Country: USA	29 Zip: 32615 30 Country: USA

3. Date Incorporated or Qualified: 01/10/1995
3a. Date of Last Report:

4. FEI Number: 59-3286211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Electron 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

COMTOIS, LORI
~~**RT 3 BOX 55A**~~ NOTE NEW ADDRESS
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 15411 NW 89th St
83
84 City: Alachua **FL** 85 Zip Code: 32615

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lori Comtois DATE: 1-26-96

(NOTE: Registered Agent's signature required for reinstatement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Comtois, Lori	1.2 NAME	
STREET ADDRESS	15411 NW 89th St	1.3 STREET ADDRESS	
CITY-ST-ZIP	Alachua FL 32615	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Della Stua, Greg	2.2 NAME	
STREET ADDRESS	16 Calypso Shores	2.3 STREET ADDRESS	
CITY-ST-ZIP	Novato CA 94949	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Lori Comtois 1-26-96 904 462 7795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LORI COMTOIS