

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 # P95000004031 (7)

1. Corporation Name

RIVER CITY PRINTING, INC.



Principal Place of Business

**8535-3 BAYMEADOWS RD
SUITE 6
JACKSONVILLE FL 32256**

Mailing Address

**8535-3 BAYMEADOWS RD
SUITE 6
JACKSONVILLE FL 32256**

2. Principal Place of Business

21 **2809 ART MUSEUM DRIVE**
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **SUITE 208**
City & State

27 City & State

23 **JACKSONVILLE, FL**
Zip

28 Zip

24 **32207** Country **25 DUVAL**

29 Zip Country **30**

9. Name and Address of Current Registered Agent

**POLK, DENNIS W JR
13127 ANNANIDALE DR NORTH
JACKSONVILLE FL 32225**

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3288338

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

10. Name and Address of New Registered Agent

81 Name **POLK, DENNIS W. JR**

82 Street Address (P.O. Box Number is Not Acceptable)
731 PORT WINE LANE

83

84 City **JACKSONVILLE** **FL** 85 Zip Code **32225**

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

TITLE ☐ DELETE
NAME **DPTS**
STREET ADDRESS **POLK, DENNIS W JR**
CITY-ST-ZIP **13127 ANNANIDALE DR NORTH**
JACKSONVILLE FL 32225

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
12 NAME **DPTS**
13 STREET ADDRESS **POLK, DENNIS W. JR**
14 CITY-ST-ZIP **731 PORT WINE LANE**
JACKSONVILLE, FL 32225

2.1 TITLE ☒ Change ☒ Addition
22 NAME **HENRY, DAVID W.**
23 STREET ADDRESS **731 PORT WINE LANE**
24 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS

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:

Dennis W. Polk Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

Date

(904) 398-1000

Daytime Phone #

CR2E034 (12/95)