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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Namo P95000004031 (7) RIVER CITY PRINTING, INC. Principal Place of Business Mailing Address 2009 ART MUSEUM DR 8535-3 BAYMEADOWS RD SHITE 6 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32207 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 01/17/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3288338 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zφ Country 8. This corporation owes or has paid the currept year Intangible 24 Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POLK, DENNIS W. JR. 731 PORT WINE LANE 82 JACKSONVILLE FL 32225 63 84 he provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 11. Pursuant to office or reg NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE ☐ DELETE 1 1 1111.6 Change POLK, DENNIS W. JR. 609 Pineland Lane JackSonville FL 3225 POLK, DENNIS W JR NAME 1.2 NAME 731 PORT WINE LANE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - S1 - ZIP Change DELETE Addition TITLE 2.1 TITLE HENRY, DAVID W. HENRY, DAVID W. NAME 2.2 NAME 609 Pineland Lane 731 PORT WINE LANE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 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 43 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITS F 51 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Place 13 or Place 13 in the corporation of the officer or director of the corporation Block 12 or Block 13 if changed, or

7-12-98

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FILED

Feb 17 1998 8:00am