

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000044743 (9)

1. Corporation Name

MINT PUBLICATIONS GROUP, INC.



Principal Place of Business

9 NW 99TH TER  
GAINESVILLE FL 32607

Mailing Address

9 NW 99TH TER  
GAINESVILLE FL 32607

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 2421 NW 41ST ST.

Suite, Apt. #, etc.

22 A2

City & State

23 GAINESVILLE FL

Zip

24 32606

Country

25 USA

2a. Mailing Address

26 PO BOX 12822

Suite, Apt. #, etc.

27

City & State

28 GAINESVILLE, FL

Zip

29 32604

Country

30 USA

4. FEI Number

59-3334751

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

HAYTER, JOHN F  
704 NE 1ST ST  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name WEAVER, LEROY R

82 Street Address (P.O. Box Number is Not Acceptable)

9 NW 99TH TER

83

84 City GAINESVILLE

FL

85 Zip Code 32607

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: *Leroy R. Weaver* LEROY R. WEAVER, PRES 4/24/96

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 D ☐ DELETE

NAME: WEAVER, LEROY R  
STREET ADDRESS: 9 NW 99TH TER  
CITY - ST - ZIP: GAINESVILLE FL 32607

TITLE I ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE VP/D ☐ Change ☒ Addition

2.2 NAME MARTIN, JOHN J.  
2.3 STREET ADDRESS 101 SW 136TH ST.  
2.4 CITY - ST - ZIP NEWBERRY, FL 32669

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: *Leroy R. Weaver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 352-371-3104

Date

Daytime Phone #

CR2E034 (12/95)