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

PROFIT CORPORATION



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

ANNUAL REPOR
1996

P95000049805 (1) DOCUMENT # 1. Corporation Name

THE PRINTING STONE INC

THE PRINTING STONE, INC.										
Principal Place	of Business	Mail	ling Address	• · · · · · · · · · · · · · · · · · · ·				III UUITI BBIILI	# ### (BIP)	/BIII DAIDI BIII (88)
310 W. CENTRAL PARKWAY. STE 7100 ALTAMONTE SPRINGS FL 32714			310 W. CENTRAL PA ALTAMONTE SPRING			100				
							3. Date Incorporated or Qualified 06/23/1995	3a. Date	of Last F	Report
	ace of Business	2a. I	Mailing Address				4. FET Number		T	Applied For
21		26					59-3325884			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State			City & State				6. Election Campaign Financing			
23	-	28	ony o omic				Trust Fund Contribution			00 May Be ed to Fees
Zip	Country		Zip	Cou	intry		8. This corporation has liability for i	ntanoible ta		
24	25	29		30			Florida Statutes 📕 Yes			,
	9. Name and Address of Current	Registe	ered Agent		[10. Name and Address of New R	egistered A	gent	
					81	Name	noman Hadass E A			
	ISON, KATHYN L				82	Street Addre	eorge Hodges, E.A. ess (P.O. Box Number is Not Acceptab	e)		
	. CENTRAL PARKWAY, STE 7100)				4:	35 East SR 434, Suit	e 300		
ALTAN	MONTE SPRINGS FL 32714				83					
					84	City		-	85 Z	ip Code
						Ť.	ongwood	FL	1 2	2750
11. Pursuant t	to the provisions of Sections 607.0502 a red agent, of both, in the State of Florida th, and accept the obligations of, Section	and 607.	1508, Florida Statute	s, the abo	ove n	amed corpora	ation submits this statement for the pur	oose of cha	nging its	registered office
familiar wit	th, and accept the obligations of Section	a. Such d mi607.0	05, Norida Statutes.	ad by the c	corpe	oration's board	or directors. I hereby accept the appo	intment as	egistered	d agent. I am
SIGNATURE	HOTAL X	1531	1000	(KD)	Ą.			/10/96		
	Signature Types or printed name of custored agent a				i Agent	signature required				
12.	OFFICERS AND	DIFFC		13.			ADDITIONS/CHANGES TO OFFI			
TITLE	MORRISON, KATHRYN L		☐ DELETE	1.11				Ĺ] Change	Addition
NAME	310 W. CENTRAL PARKWAY	/ err :	7100	1.2 N/						
STREET ADDRESS	ALTAMONTE SPRINGS FL 32		100			ADDRESS				
CITY-S1-ZIP TITLE	ALIAMONIE SPRINGS PL S	2714	DELFIE		11Y-S1	I - ZIP			7.0	
	,		LJourn	2 11				L.] Change	Addition
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STREET ADDRESS				235	IREET.	ADDRESS				
C(TY+S1-Z(P										
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NAME			[] DELETE	3 1 1	ITLE	I - ZIF] Change	Addition
ÉTRECT ANNUESS			[] DELETE	3 1 Ti	ITLE AME) Change	Addition
STREET ADDRESS			[] DELETE	3 1 TI 3 2 NA 3 3 S	THE AME TREET	AODRESS] Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS				3 1 TI 32 N/ 33 S 34 CI 4.1 TI 4.2 N/ 4.3 SI	ITLE AME TREET ITLE AME TREET	AODRESS ZIP AODRESS				
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14. I do hereby certify that the information supplied with this fling 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: STATUTE AND CHEEN OF PRINTED WAME OF SIGNING OFFICER OR DIRECTOR KATHRYN L. MORRISON

407-865-9778