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

FILED
Jun 22 1996 8:00 am
Secretary of State

DOCUMENT # **P95000051141 (6)**

1. Corporation Name
OKEECHOBEE PRINTCASTERS, INC.

Principal Place of Business	Mailing Address
207 NORTHWEST SECOND STREET OKEECHOBEE FL 34972	207 NORTHWEST SECOND STREET OKEECHOBEE FL 34972

3. Date Incorporated or Qualified: **06/30/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 **3101 U.S. Hwy. 441 S**	26 **P.O. Box 1247**
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 **Okeechobee, FL**	28 **Okeechobee, FL**
24 Zip **34974** / 25 Country **Okeechobee**	29 Zip **34973** / 30 Country **Okeechobee**

4. FEI Number: **65-0585702** ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: **RICHARD A. STOKES**
82 Street Address (P.O. Box Number is Not Acceptable): **3101 U.S. HWY. South**
83
84 City: **Okeechobee** **FL** 85 Zip Code: **34974**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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. The 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: _____ DATE
Signature, typed or printed name of individual with authority to sign on behalf of corporation (NOTE: If applicable, Agent's signature required in item 11)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Richard A. Stokes 3101 U.S. Hwy. 441 S Okeechobee, FL 34972 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Scott Akers 3397 S.W. 22nd St. Okeechobee, FL 34974 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Barbara Stokes 3101 U.S. Hwy. 441 S. Okeechobee, FL 34974 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director William A. Stokes 3101 u.S. Hwy. 441 S. Okeechobee, FL 34974 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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)(i), 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: _____ 2/21/96 941/763-3181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)