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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P95000072988	(5)

1. Corporation Name INTEGRITY PUBLISHING, INC. Principal Place of Business Mailing Address 2338 IMMOKALEE RD., #235 2338 IMMOKALEE RD., #235 NAPLES FL 33942-1445 NAPLES FL 33942-1445 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SURGEON, DAVID A 82 Street Address (P.O. Box Number is Not Acceptable) 2338 IMMOKALEE RD., #235 NAPLES FL 33942-1445 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. Fam. and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and fitted applicable (NOTe: Registered Agent signature required when reinstating) (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1. 1 TITLE ☐ Change Addition David A Surgeon 17676 Santa Margherita NAME 1.2 NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS Naples , FL 33942-7153 CITY-ST-ZP 1.4 CITY-ST-ZIP TITLE 2 1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZiP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Addition 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** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change 5. 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET, ADDRESS 900001812469 CITY-ST-ZIP 5.4 CHY-\$1-ZP -05/07/96--01172 TITLE [] DELETE 6 1 THILE ! ***200.00 NAM: STREET ADDRESS 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 doos 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 eath; that I am an officer or director of the corporation or the eceiver 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 the exemption of the corporation or the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

CITY-ST-ZIP

YPED OR MINTED NAME OF SIGNING OFFICER OR DIRE