

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000076025 (2)

1. Corporation Name

FULL-TIME PRINT & TYPESETTING CORPORATION
SETTING



Principal Place of Business
5401 CENTRAL AVE.
ST PETERSBURG FL 33710

Mailing Address
5401 CENTRAL AVE.
ST PETERSBURG FL 33710-8049

2. Principal Place of Business
21 6822 17th St S
Suite, Apt #, etc.

2a. Mailing Address
26 P.O. Box 10553
Suite, Apt #, etc.

23 City & State
St. Petersburg, Florida

27 City & State
St. Petersburg, Florida

24 Zip
33712

25 Country
USA

29 Zip
33733-0553

30 Country
USA

3. Date Incorporated or Qualified
09/29/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3367721

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

RUMMEL, H E
5401 CENTRAL AVE.
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name
HAUCK, M.

82 Street Address (P.O. Box Number is Not Acceptable)
6822 17th St S

83

84 City
St. Petersburg, FL

85 Zip Code
33712

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

[Signature]
Signature of officer or director of registered agent and file if applicable

Vice - President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HAUDE, DEBORA
334 MADEIRA CIRCLE
TIERRA VERDE FL 33715 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
HAUDE, MANFRED
334 MADEIRA CIRCLE
TIERRA VERDE FL 33715 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MATTHIAS, DECLE
334 MADEIRA CIRCLE
TIERRA VERDE FL 33715 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P
HAUCK DEBORAH
6822 17th St S
St. Petersburg, FL 33712 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
VP
HAUCK MANFRED
6822 17th St S
St. Petersburg, FL 33712 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
S
DECK MATTHIAS
6822 17th St S
St. Petersburg, FL 33712 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby 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 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; I am 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/97 (813) 867-5426

0376829

CR2E034 (9/96)