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Feb 10 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 # P95000094633 (1)

1. Corporation Name  
GULF COAST PRINTING OF SEMINOLE, INC.



Principal Place of Business  
9823 SEMINOLE BOULEVARD  
SEMINOLE FL 34842

Mailing Address  
9823 SEMINOLE BOULEVARD  
SEMINOLE FL 33772-2530

3. Date Incorporated or Qualified  
01/01/1996

3a. Date of Last Report

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
59-3353282

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite Apt. #, etc.  
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23

City & State  
28

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24

Country  
25

Zip  
29

Country  
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name  
YINGER, LEE

82 Street Address (P.O. Box Number is Not Acceptable)  
9823 SEMINOLE BLVD

83

84 City  
SEMINOLE

FL 85 Zip Code  
34642

11. Pursuant to the provisions of Section 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 of person authorized to change registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  
1/31/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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 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 of an attachment with an address.

SIGNATURE:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/31/97 813/999/1810

CR2E034 (9/96)