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

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on ap-stlachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096236 (1)

ACCENT PRINTING, INC. : 12 Mart 14 M Mailing Address Principal Place of Business 501 IRST AVENUE N 6416 9TH STREET NORTH ST. PETERSBURG FL 33702-6624 SUITE 110 ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified 3s. Date of Last Report 12/20/1995 05/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3366901 21 501 First Ave. A SOI First Auc. N Not Applicable \$8.75 Additional 5. Certificate of Status Desired uite Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes 🔀 No Florida Statutes 10. Name and Address of New Registered Agent 81 Name DEANE, WILLIAM W 6416 9TH STREET NORTH 82 Street Address (P.O. Box Number Is Not Acceptable) ST. PETERSBURG FL 33702 83 84 City Zip Code 85 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 by the or printed harve of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. Addition Change A resident 1116 □ DELETE 1.1 TITLE Donna J. M MOORE, DONNA J 1.2 NAME NAME SOI FARST Ave. N. # 110 10 4TH STREET NORTH 1.3 STREET ADDRESS STREET ADDRESS FL 33701 St. Petersburg ST. PETERSBURG FL 33701 1.4 CITY-ST-ZIP CHTY - ST - ZIP Vice President DELETE Change Addition 21 TITLE TITLE nn: Fer Rou 22 NAME NAME First Ave. N. #110 2.3 STREET ADDRESS STREET ADDRESS KSt. Petersburg, FL 237 2 4 CITY-ST-ZIP Secretary Treasur William H. Moore Change Addition 3.1 TITLE 11"LE 3.2 NAME NAMA SOL First Ave. N #110 STREET ADDRESS 3.3 STREET ADDRESS St. Peters burg, FL 33701 CITY - \$1 - 20F 3.4. CITY - ST- ZIP Change Addition AITH 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIF 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TileE DELETE 61 TITLE ☐ Change Addition 6.2 NAME NAME \$TEEF FADORESS 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

FILED Apr 29 1997 8:00am Secretary of State