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Apr 14 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 # P96000018124 (3)

1. Corporation Name  
PRINTCENTRAL, INC.

Principal Place of Business  
1746 WEST AIRPORT BOULEVARD  
SANFORD FL 32771

Mailing Address  
1746 WEST AIRPORT BOULEVARD  
SANFORD FL 32771-5003



2. Principal Place of Business  
21 1746 W. AIRPORT BLVD  
Suite, Apt. #, etc.  
22  
City & State  
23 SANFORD, FLORIDA  
Zip Country  
24 32771 25 USA  
2a. Mailing Address  
26 1746 W. AIRPORT BLVD  
Suite, Apt. #, etc.  
27  
City & State  
28 SANFORD, FLORIDA  
Zip Country  
29 32771 30 USA

3. Date Incorporated or Qualified  
02/26/1996  
3a. Date of Last Report  
FIRST REPORT FILED  
4. FEI Number  
59-3363459  
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

RAMBO, BYRON L  
312 W. FIRST STREET  
SUITE 600  
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PSD	THURMOND, STEVEN L	1085 W. EMBASSY STREET	DELTONA FL 32725	<input type="checkbox"/>
VPD	THURMOND, DAVID	702 OSCEOLA DRIVE	SANFORD FL 32773	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PSD	THURMOND, STEVEN T.	1085 W. EMBASSY DRIVE	DELTONA, FL 32725	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 on an attachment with an address.

SIGNATURE: *Steven L. Thurmond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97  
Date

407-322-1455  
Daytime Phone #

CR2E034 (9/96)