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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063607 (1)

PCC PRINT SHOP, INC.

Principal Place of Business

250 BRENT LANE

Mailing Address

250 BRENT LANE

FILED May 06 1998 8:00am Secretary of State



| PENSACOLA FL 82503 | | PENSACOLA FL 32503 | | | | | | | |
|--|--|---|--------------------|---|--|--|-----------------|------------------------|--|
| | | | | | | DO NOT WRITE IN THIS | SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified 07/30/1996 | | | |
| 9 Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | <u> </u> | | |
| | lace of Business | ├ ─┐ | . Mailing Adoress | | | 59-3391231 | | pplied For | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | 39-339 123 1 | | lot Applicable | |
| 22 City 9 Clas | , 010. | - | 27 | | | 5. Certificate of Status Desired | , | Additional legulred | |
| | e | City & State | | | | 6. Election Campaign Financing | | ···· | |
| 23 | | 28 | | | | Trust Fund Contribution | | May Be to Fees | |
| L ZIP | Country | Zip | Coun | Country | | 8. This corporation owes or has paid the cu | | | |
| 24 | 25 | 29 | 30 | | | | | No | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | |
| HORT o n, arlin r dr | | | | | 81 Name | | | | |
| 250 BRENT LANE | | | | 92 | Ctroot Add | Irona (D.O. Day Niyerbar is Not Assentable) | | | |
| PENSACOLA FL 32503 | | | (| 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | 1 | 83 | | | | | |
| | | | | | | | | | |
| | | | , | B4 | City | FL | 85 Zip | Code | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607 1508, Florida State | utes, the abo | ove | -named cor | | | its registered | |
| 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 | | | ionaa olala | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | ril and title if applicable (NC | DTE: Registered | Ager | nt signature requ | pred when reinstating) DATE | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO | RS IN 12 | |
| TITLE | 0 | ☐ DELETE | 11 TITL | .E | | | Change | Addition | |
| NAME | HORTON, ARLIN R DR | | 1.2 NAM | A E | | | | | |
| STREET ADDRESS | 250 BRENT LANE | 1 | | EET # | ADDRESS | | | | |
| CITY-ST-ZIP | PENSACOLA FL 32503 | | 1.4 CITY | Y - ST | - ZIP | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITL | .E | | | Change | Addition | |
| NAME | HORTON, REBEKAH MRS | | 2.2 NAV | ΛE | | | | | |
| STREET ADDRESS | | | 2.3 STR | 2.3 STREE1 ADDRESS | | | | | |
| CATY+ST-ZIP | PENSACOLA FL 32503 | | 2. 4 CIT | 2. 4 CITY-ST-ZIP | | | | | |
| TITLE | D | ☐ DELETE | 3.1 ₹(TL) | E. | | | Change | Addition | |
| NAME | | RICE, BILL III | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | ADDRESS | | | | |
| CITY-ST-ZIP | MURFREESBORO TN 37129 | | 3.4. CITY-ST-ZIP | | r-ZiP | | | | |
| TITLE | D DELETE | | 4.1 TITE | 4.1 TITLE | | | Change | Addition | |
| NAME | LINN, JAMES MR | | 4. 2 NAM | ME | [| | | | |
| STREET ADDRESS | 400 BUXTON WAY | | 4.3 STRE | 4.3 STREET ADDRESS | | | | | |
| City-St-Zip | CANTONMENT FL 32533 | | 4.4 CITY | 4.4 CITY-ST-ZIP | | | | | |
| TITLE | D | DELETE | 5.1 TITL | | | | Change | Addition | |
| NAME | CHAPPELL, ROBERT | | 5.2 NAM | 1E | | | | | |
| STREET ADDRESS | | | 5.3 STRE | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 5.4 CITY | 5.4 City - ST - ZiP | | | | | |
| TITLE | | DELETE | 6.1 TATLE | E | | | Change | ☐ Addition | |
| NAME | | | 6.2 NAM | ΙE | | | | ĺ | |
| STREET ADDRESS | | | 6.3 STREET | | DDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY | | | | | | |
| 14. I hereby o | ertify that the information supplied wit | th this filing does not qualify the and ac- | for the exen | npti | on stated in | Section 119.07(3)(i), Florida Statutes. I further of | artify that the | information | |
| indicated on this annual report or supplemental 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 oceiver 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 attaching it with an address. | | | | | | | | | |