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FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000064980 (1)

1. Corporation Name

PRINT CENTRAL OF OCALA, INC.



Principal Place of Business

7500 NORTHWEST 14TH STREET
OCALA FL 34482

Mailing Address

7500 NORTHWEST 14TH STREET
OCALA FL 34482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1996

2. Principal Place of Business

2a. Mailing Address

21 2715 NE 36th AVE

26 2715 NE 36th AVE

4. FEI Number

59-3405032

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Ocala, FL

City & State

28 Ocala, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 34470

25

Zip

Country

29 34470

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAI, SHARON
7500 NORTHWEST 14TH STREET
OCALA FL 34482

81 Name

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

2715 NE 36th AVE

83

84 City Ocala, FL

FL

85 Zip Code

34470

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MAI, SHARON
STREET ADDRESS 7500-NORTHWEST-14TH STREET
CITY-ST-ZIP Ocala FL 34482 ☐ DELETE

1.1 TITLE Secretary ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2715 NE 36th AVE
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE P
NAME CATABLA, ALFRED
STREET ADDRESS 7500-NW-14TH-ST-
CITY-ST-ZIP Ocala FL ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2715 NE 36th AVE
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP
NAME MAI, PETER
STREET ADDRESS 7500-NW-14TH-ST-
CITY-ST-ZIP Ocala FL ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2715 NE 36th AVE
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T
NAME CATABIA, DEBORAH
STREET ADDRESS 7500-NW-14TH-ST-
CITY-ST-ZIP Ocala FL ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 2715 NE 36th AVE
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

14. I 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

Deborah M. Catabia, Deborah M. Catabia, 4-6-98

353-733-0001

CR2E034 (10/97)