DOCUMENT # P96000064980 PRINT CENTRAL OF OCALA, INC. Image: Centre of Business Malling Address Principal Place of Business Malling Address Z15 KE 35TH AVE OCALA FL 34470 US Do NOT WRITE IN THIS SPACE 3. Data Incorporated or Qualified 08/02/1996 2. Principal Place of Business 2a. Mailing Address 2. Principal Place of Business 2a. Mailing Address of Current Registered Agent 3. Data Incorporation Composition Financing Address of Current Registered Agent 42 Country 10. Name and Address of New Registered Agent 30<
Principal Place of Business Mailing Address 2715 NE 36TH AVE OCALA FL 34470 2715 NE 36TH AVE OCALA FL 34470 US DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2.a. Mailing Address 2. Principal Place of Business 2.a. Mailing Address 3. Date Incorporated or Qualified 08/02/1996 2. Principal Place of Business 2.a. Mailing Address 4. FEI Number Applied 59-3405032 Not Applied City & State Scrifticate of Status Desired 2. Country 2.a 2.a 2.a 2.b Country 2.b Country 2.a 2.a 2.b Country 2.a 2.a 2.b Country 2.b Country 2.a 2.a 2.b Country 2.a 2.a 2.b Country 2.b 2.a 2.b 2.a 3.a 10. Name and Address of New Registered Agent Mail SHARON 2715 NE 36TH AVE Country
Principal Place of Business Mailing Address 2715 NE 36TH AVE 2715 NE 36TH AVE OCALA FL 34470 US US US 2. Principal Place of Business 2a. Mailing Address 2. Suite, Apt: #, etc. S. Certificate of Status Desired Suite, Apt: #, etc. S. Certificate of Status Desired 2. Principal Place of Country State 2. Do Country 2a 2. Do Country 2. State 2. De Country 2. State 2. De Country 2. State 2. De Country 2. State 2. Name and Address of Current Registered Agent MAI, SHARON 2715 NE 36TH AVE OCALA FL 34482 81 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 84
2715 NE 36TH AVE OCALA FL 34470 US 2715 NE 36TH AVE OCALA FL 34470 US DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 21 26 SUB-SA405032 Not Applied 21 26 SUB-SA405032 Not Applied 221 21 Subte: Apt: #, etc. 5. Certificate of Status Desired \$8.75 Addition 221 21 City & State City & State Election Campaign Financing \$5.00 May Election 221 23 28 City & State Storportation owes the current year intangible Personal Property. Yes No 24 25 29 30 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent MAI, SHARON 2715 NE 36TH AVE OCALA FL 34482 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code 11. Pursuant to the provisions of sectors 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and the obligation of ascuch conge was androfa Statutes. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address of or the purpose of c
US US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1996 2. Principal Place of Business 2.a. Mailing Address 2.a. Mailing Address 4. FEI Number Applied 1. 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 21 26 59-3405032 Not Appl Suite, Apt: #, etc. Suite, Apt: #, etc. 5. Certificate of Status Desired \$8.75 Addito 21 27 City & State 6. Election Campaign Financing \$5.00 May E 23 28 Trust Fund Contribution Added to Fee 24 25 29 30 Trust Fund Contribution Added to Fee 24 25 29 30 Interspective Registered Agent Name 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent MAI, SHARON 2715 NE 36TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) 0CALA FL 34482 83 33 33 33 84 City FL 85 Zip Code 11. Pursuant to the provisions 60 sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpse of changing its 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, or both, in the State of Florida. Such change was authorize
2. Thinkpain Face of Dualities 26 59-3405032 Not Appi 21 26 Suite: Apt: #, etc. 5. Certificate of Status Desired \$8.75 Additional processional procesinal processional processional processional pr
Suite: Apt: #, etc. Suite: Apt: #, etc. 5. Certificate of Status Desired \$8.75 Additional feet and the state of Status Desired \$8.75 Additional feet and the state of Status Desired \$8.75 Additional feet and the state of Status Desired \$8.75 Additional feet and the state of Status Desired \$8.75 Additional feet and the state of Status Desired \$8.75 Additional feet and the state of Status Desired \$8.75 Additional feet and the state of Status Desired \$8.75 Additional feet and the state of Status Desired \$8.75 Additional feet and the state of Status Desired \$8.75 Additional feet and the state of Status Desired \$8.75 Additional feet and the state of Feet Address 21 23 28 Country 8. This corporation owes the current year intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Yes No 27.15 NE 36TH AVE 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) \$75 Ocde 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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. DATE Signature, typed or ponted neme of regist
22 27 Peer Required City & State City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May E Added to Fee 23 28 Trust Fund Contribution Added to Fee 24 25 29 30 This corporation owes the current year Intragnible Personal Property. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAI, SHARON 2715 NE 36TH AVE OCALA FL 34482 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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. NOTE: Registered Agent signature required when reinstating) DATE 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 Interstation
23 28 Trust Fund Contribution Added to Fee Zip Country Zip Country Rest and Address of Current Registered Agent Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent No Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAI, SHARON 2715 NE 36TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) 83 0CALA FL 34482 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 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, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and tits if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
24 25 29 30 Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MAI, SHARON 2715 NE 36TH AVE 81 Name OCALA FL 34482 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. Signature. typed or pointed 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
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MAI, SHARON 81 Name 2715 NE 36TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) 0CALA FL 34482 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 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 DATE SIGNATURE Signature, typed or pnnted 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
MAI, SHARON 2715 NE 36TH AVE OCALA FL 34482 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 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 pnnted name of registered agent and titls if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
27 IS NE SOTH AVE OCALA FL 34482 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 agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pnnted 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
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 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 SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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 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 I. OFFICERS AND DIRECTORS I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I. OFFICERS AND DIRECTORS I. OFFICERS AND DIRECTORS I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I. ADDITIONS/CHANGES I. ADDITIONS/CHANGES
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
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature. typed or pnnted 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
Signature, typed or pnnted name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
TITLE S LIDELETE 1.1 TITLE LIChange A
STREET ADDRESS 2715 NE 36TH AVE 1.3 STREET ADDRESS
CITY-ST-ZIP OCALA FL 34482 1.4 CITY-ST-ZIP TITLE P DELETE 2.1 TITLE
NAME CATABLA, ALFRED 22 NAME
STREET ADDRESS 2715.NE-36TH AVE
CITY-ST-ZIP OCALA FL 24 CITY-ST-ZIP TITLE VP DELETE 3.1 TITLE Change /
NAME MAI, PETER 32 NAME
STREET ADDRESS 2715 NE 36TH AVE 3.3 STREET ADDRESS
CITY-ST-ZIP OCALA FL 3.4 CITY-ST-ZIP TITLE T DELETE 4.1 TITLE Change 1
TITLE L DELETE 4.1 BILE L Change L 7
STREET ADDRESS 2715 NE 36TH AVE 4.3 STREET ADDRESS
CITY-ST-ZIP OCALA FL 44 CITY-ST-ZIP
TITLE DELETE 5.1 III.E DELETE 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change
NAME 62 NAME