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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072007 (3)

J & R PRINTERS, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business		Mailing Addr	ess			I TOBALGRA IND ARIAD BEATE ORDE	n indusinasi 140 seisa beste adast adain adain adain sebsa tidii adsil adsil adsil adsil adsil			
1946-B SOUTH ADAMS STREET TALLAHASSEE FL 32301			1346-B SOUTH ADAMS STREET TALLAHASSEE FL 32301-4323							
						3. Date Incorporated or Qu 08/29/1996	alified 3a. Da	te of Last F	Report	
2. Principal Place of	Business	2a. Mailing Ad	ddress			4. FEI Number		Aį	oplied For	
21		26	26			59 339812	/	Ne	ot Applicabl	
Suite, Apt. #, etc.		Suite, Apt	#, etc.			5. Certificate of Status Des	P		Additional	
22		27				Oct Mode of Grand Boo		Fee Re	equired	
City & State		City & Sta	te			6. Election Campaign Final	The same of the sa		Мау Ве	
3		28				Trust Fund Contribution		· · · · · · · · · · · · · · · · · · ·	to Fees	
_ Zip	Country	7ip	-	Country		8. This corporation has liab			. 199.032,	
4	25 Name and Address of Cu	29	3	0]		Florida Statutes 10. Name and Address of	Yes [
		rrent negistered Ager		81	Name	TV. Name and Address of	New Defisions	yeni		
RESHARD					TNO-110					
	, BOX 1007-A			82 Street Address (P.O. Box Number is Not Acceptable)			cceptable)			
IALLAHA	SSEE FL 32301			83				 -		
				63						
				84	City			85 Zip	Code	
						corporation submits this statement	FL	<u> </u>		
Signature 12.	p. typed or printed name of registers OFFICERS	AND DIRECTORS	I IIGN)	13.	nt signature	required when reinstaling) ADDITIONS/CHANGES To	DATE O OFFICERS AND	DIRECTOR	RS IN 12	
ITLE		Ľ	DELETE	1.1 THILE	T	P/D/T		Change	Additi	
NAME				1.2 NAME		JOHN J. RESHA	RD	,		
STREET ADDRESS				1.3 STREE1	ADDRESS	Rt. 7 BOX /007-	A			
CITY-ST-ZIP				1.4 CH1Y - ST	1-21P	TAJIAHASSEE FL	32308			
TITLE			DELETE	2.1 TITLE		V/S		Change	Additi	
NAME				2.2 NAME		JACK RESHARD				
STREET ADDRESS				2.3 STREET	ADDRESS	Rt 7, BOX 1007-B				
CITY-ST-ZIP				2. 4 CITY - S	T-21P	TALLAHASSER FL	′ 32308°			
ITLE			DELETE	3.1 TITLE		•		Change	Additi	
IAME				3.2 NAME	ł					
STREET ADDRESS										
CITY-ST-ZIP				3.3 STREET	ADDRESS					
TILE			1 700 670	3.4. CITY - S		and the same and the	iling errend		, -, - -	
NAME			DELETE	3.4. C(TY-S 4.1 TITLE				Change	Addili	
STREET ADDRESS] DELFTE	3.4. CITY - S 4.1 TITLE 4. 2 NAME	T-ZIP			Change	Addili	
CITY-ST-ZIP			DELFTE	3.4. CITY - S 4.1 TITLE 4. 2 NAME 4.3 STREET	T-ZIP ADDRESS		y - e e o o o o	Change	Addiii	
TITLE				3.4 CHY-S 4.1 TITLE 4.2 NAME 4.3 STREEL 4.4 CHY-S	T-ZIP ADDRESS					
			DELETE	3.4. CITY - S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TITLE	T-ZIP ADDRESS			Change		
NAME				3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREEL 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP ADDRESS T-ZIP					
NAME STREET ADDRESS				3.4. CITY - S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP ADDRESS T-ZIP ADDRESS					
NAME Street address City-St-Zip			DELETE	3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREEL 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREEL 5.4 CITY-S	T-ZIP ADDRESS T-ZIP ADDRESS			Change	Addili	
NAME STREET ADDRESS CITY-ST-ZIP TITLE				3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREEL 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREEL 5.4 CITY-S 6.1 TITLE	T-ZIP ADDRESS T-ZIP ADDRESS				Addilid	
NAME STREET ADDRESS CFTY-ST-ZIP TITLE NAME			DELETE	3.4. CITY - S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S 6.1 TITLE 6.2 NAME	I - ZIP ADDRESS I - ZIP ADDRESS I - ZIP			Change	Addilid	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREEL 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREEL 5.4 CITY-S 6.1 TITLE	1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS			Change	Addition Addition	

I to hereby certify that the information supplied with this filling does not quality for the overlightness taked in Section 119.07(3)(f), Florida Statutes. Frurther 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 intachment with an address.

CIONATUDE.

Walk a Roll

trobal IT RECULAR

4-17-97

900, 272-9950