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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000084944 (3)

RANSOM PRINTING, INC.

3028 9TH ST N

ST PETERSBURG FL

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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TITLE

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Principal Place of Business Mailing Address 3028 9TH ST N 3028 9TH ST N ST PETERSBURG FL 33704 ST PETERSBURG FL 33704 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3412077 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name RANSOM, J E 3028 9TH ST N Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33704 83 City 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 took 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 perfectly a provided the obligations of Section 607.0505, Florida Statutes. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE \_\_ Change TITLE RANSOM, CHAUNCEY C 1.2 NAME NAME

DELETE

DELETE

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4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition CELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

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.

CICMATURE.

(813)895-4405

**FILED** 

Mar 10 1998 8:00am

Secretary of State

Addition

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