

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91596 040 ***150.00

DOCUMENT # S16471

1. Entity Name
LARKIN PRINTING, INC.

Principal Place of Business

Mailing Address

~~2428 NORTH ESSEX AVE~~
~~HERNANDO, FL 34422~~

~~2428 NORTH ESSEX AVE~~
~~HERNANDO, FL 34422~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~2450 North Citrus Hills Blvd~~

~~2450 North Citrus Hills Blvd~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~728 SE HIGHWAY 19~~

~~728 SE HIGHWAY 19~~

City & State

City & State

~~Hernando, FL CRYSTAL RIVER, FL~~

~~Hernando, FL CRYSTAL RIVER, FL~~

4. FEI Number

59-3036611

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHOADES, RON A.

Name

~~2428 NORTH ESSEX AVE~~

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

~~HERNANDO, FL 34422~~

2450 North Citrus Hills Boulevard

City

Hernando

FL

Zip Code

34442

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **RON A. RHOADES**

Ron Rhoades

4/4/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	LARKIN, SHIRLEY	303 S BARBOUR	BEVERLY HILLS FL	<input type="checkbox"/>
DVT	LARKIN, RONALD	303 S BARBOUR	BEVERLY HILLS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley A. Larkin* President

4/19/02

352/795-1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY A. LARKIN

Date

Daytime Phone #

CR2E034 (9/01)