

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S33089**

(1)

1. Corporation Name

**PRESSMARK PRINTING, INC.**



Principal Place of Business

**2609 ORLEANS AVE  
LAKELAND FL 33803**

Mailing Address

**2609 ORLEANS AVE  
LAKELAND FL 33803**

3. Date Incorporated or Qualified  
**02/08/1991**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3046810**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HESS, JOHN C.  
2609 ORLEANS AVE  
LAKELAND FL 33803**

81 Name

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 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 or director of agent, etc.

Signature typed or printed name of registered agent or director of agent, etc.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
**PTD  
HESS, JOHN C.  
2042 RONALD CIR  
SEFFNER FL**

TITLE ☐ DELETE

NAME  
**VD  
WERRICK, CHRIS G.  
4218 LIVE OAK RD  
LAKELAND FL**

TITLE ☐ DELETE

NAME  
**SD  
HESS, LINDA  
225 E EDGEWOOD DR #9  
LAKELAND FL**

TITLE ☐ DELETE

NAME  
**D  
HESS, GEORGE D.  
225 E EDGEWOOD DR #9  
LAKELAND FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Add on

1.2 NAME  
**PTD  
HESS, JOHN C.**

1.3 STREET ADDRESS ☐ Change ☐ Addition

**703 PENNYROYAL PLACE  
BRANDON FL 33510**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*John C Hess*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/96*  
DATE

*(941) 688-2745*  
Telephone

CR2E034 (12/95)