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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S64704

(7)

1. Corporation Name

TOMOKA SCREEN PRINTING, INC.

Principal Place of Business

334 ANDALUSIA AVE
UNIT 1
ORMAND BCH FL 32174
US

Mailing Address

334 ANDALUSIA AVE
UNIT 1
ORMAND BCH FL 32174-6290
US

3. Date Incorporated or Qualified

07/02/1991

3a. Date of Last Report

08/22/1996

2. Principal Place of Business

21 326 LPGA Blvd.

Suite, Apt. #, etc.

22

City & State

23 Daytona Beach, FL

24 Zip

32117

25 Country

US

2a. Mailing Address

26 326 LPGA Blvd.

Suite, Apt. #, etc.

27

City & State

28 Daytona Beach, FL

29 Zip

32117

30 Country

US

4. FEI Number

59-3085533

Applied For

Not Applicable

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

DECAMP, THORNTON L.
334 ANDALUSIA AVE
UNIT 2
ORMAND BCH FL 32174

10. Name and Address of New Registered Agent

81 Name

Thornton L. DeCamp

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

326 LPGA Blvd.

83

84 City

Daytona Beach,

FL

85 Zip Code

32117

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

Thornton L. DeCamp

January 14, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DST
STREET ADDRESS DECAMP, THORNTON L.
CITY- ST- ZIP 200-2 LEMONTREE LANE
ORMAND BCH FL

TITLE ☐ DELETE
NAME DST
STREET ADDRESS HARDIGREE, LESTER F
CITY- ST- ZIP 200-2 LEMONTREE LANE
ORMAND BCH 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

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 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.

SIGNATURE:

Lester F. Hardigree III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 14, 1997 (904) 257-4277

Date

Daytime Phone #

0025117

CR2E034 (9/96)