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



Sandra B. Mortham

COF	PROFIT RPORATION JAL REPORT 1997	FLORIDA DEPARTMEN Sandra B. Mor Secretary of St DIVISION OF CORPC		Apr 01 1997 8:00am Secretary of State	
DOCUMENT # S76256 (4) 1. Corporation Name PRINTING & DESIGN, INC.					
Principal Place of Business 459 PERIWINKLE WAY SANIBEL FL 33957		Mailing Address 459 PERIWINKLE WAY SANIBEL FL 33957-3934			
				3. Date Incorporated or Qualified 08/26/1991	3a. Date of Last Report 03/14/1996
	Nace of Business	2a. Mailing Address		4. FEI Number 65-0279223	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	he	Cily & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25		Country 30		Yes No
RAR	 Name and Address of C NES, EDGAR L. 	urrent Registered Agent	81 Name	10. Name and Address of New Re	gistereo Agent
459	PERIWINKLE WAY		B2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
SAN	IBEL FL 33957		83		
			84 City	,	85 Zip Code
					FL
11. Pursuant office or i agent. La	to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	7.0502 and 607.1508, Florida Statute State of Florida. Such change was au obligations of, Section 607.0505, Flor	s, the above-named corp uthorized by the corporal rida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered the appointment as registered
SIGNATURE	Signalize type dior printed name of registe	n of asset and title if applicable (NOTE	Registered Agent signature requi	red uthen reinstating)	DATE
12.	OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TIFEE	DP Barnes, Edgar L.	☐ DELETE	1.1 TITLE		
NAME STREET ADDRESS	16597 DAVID RD.		1.2 NAME 1.3 STREET ADDRESS		R2F034
CHY- S1- 24P	FT. MYERS FL		1.4 CITY - ST - ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		Change Addition C
NAME STREET ADDRESS	BARNES, NANCY L. 16597 DAVID RD.		2.2 NAME 2.3 STREET ADDRESS		
CHY+S1+ZIP	FT. MYERS FL		2. 4 CITY-ST-ZIP		,
10.6		☐ DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS: CITY-ST-7P			3.3 STREET ADDRESS 3.4. CHTY-ST-ZIP		
THE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-Z-P TITLE		DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		Change . Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		[] Britte	5.4 CITY - ST - ZIP		Change
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME		Change Addition
NAME STREET ADORESS			6.3 STREET ADDRESS		
C(TY-ST-2)P			6.4 CITY-ST-ZIP		
14. I do here	by certify that the information su	pplied with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. 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 of Lam 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 Brock 13 if changed, or on an appear with an address.

FILED