

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90031 013 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V18078**

1. Corporation Name

**CRESSET PRESS INC**

Principal Place of Business

Mailing Address

**R.O. Box 2578  
 Sarasota, FL 34230**

**P.O. Box 2578  
 Sarasota, FL 34230**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**Feb. 19, 1992**

4. FEI Number

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 owes the current year Intangible Personal Property Tax.

Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 2578**

26 **P.O. Box 2578**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **Sarasota FL**

28 **Sarasota FL**

24 **34230** 25 **Sarasota**

29 **34230** 30 **Sarasota**

9. Name and Address of Current Registered Agent

**JOHN M. Schofield  
 3976 Linwood St  
 Sarasota, FL 34232**

10. Name and Address of New Registered Agent

81 Name **John M. Schofield**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3976 Linwood St**  
 83  
 84 City **Sarasota** FL 85 Zip Code **34232**

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 **John M. Schofield**

DATE **4-30-99**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>John M. Schofield</b>
STREET ADDRESS	<b>3976 Linwood St</b>
CITY-ST-ZIP	<b>Sarasota, FL 34232</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Bill Honzla</b>
STREET ADDRESS	<b>2155 Wood St</b>
CITY-ST-ZIP	<b>Sarasota, FL 34237</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Elizabeth C. Schofield</b>
STREET ADDRESS	<b>3976 Linwood St</b>
CITY-ST-ZIP	<b>Sarasota, FL 34232</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **John M. Schofield**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-30-99** (941) **371-8544**  
 Date Daytime Phone #

CR2E034 (1/98)