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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V46341** (6)

1. Corporation Name

PRINT COMMUNICATIONS, INC.



Principal Place of Business

**432 31ST STREET NORTH
ST PETERSBURG FL 33710**

Mailing Address

**432 31ST STREET NORTH
ST PETERSBURG FL 33710**

2. Principal Place of Business

21 **5541 Roosevelt Blvd**

Suite, Apt. #, etc.

2a. Mailing Address

26 **5541 Roosevelt Blvd**

Suite, Apt. #, etc.

City & State

23 **Clearwater FL**

Zip

24 **34620**

Country

25 **USA**

City & State

28 **Clearwater FL**

Zip

29 **34620**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**ANDERSON, KENNETH W
432 31ST ST. N.
ST PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name

ROUSE, ELIZABETH S

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

5541 ROOSEVELT BLVD

83

84 City

CLEARWATER

FL

85 Zip Code

34620

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

Elizabeth S Rouse

Elizabeth S Rouse

2/7/96

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **FISCHER, H JAMES**
STREET ADDRESS **6666 22ND AVE NORTH #300**
CITY-STATE-ZIP **ST PETERSBURG FL**

TITLE **P** ☒ DELETE
NAME **ANDERSON, KENNETH W.**
STREET ADDRESS **432 31ST ST. N.**
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE **VP** ☐ DELETE
NAME **ROUSE, BEN L. JR.**
STREET ADDRESS **5541 ROOSEVELT BLVD.**
CITY-STATE-ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **ROUSE, BEN L**
1.3 STREET ADDRESS **9825 Harrell Ave H501**
1.4 CITY-STATE-ZIP **Treasure Island FL 33706**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **ROUSE, ELIZABETH S**
2.3 STREET ADDRESS **5541 ROOSEVELT BLVD**
2.4 CITY-STATE-ZIP **CLEARWATER FL 34620**

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **ROUSE, BEN L JR**
3.3 STREET ADDRESS **5541 ROOSEVELT BLVD**
3.4 CITY-STATE-ZIP **CLEARWATER FL 34620**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Elizabeth S Rouse

Elizabeth S Rouse

2/7/96 (813) 536-2144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)