FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70571 (7)

1. Corporation Name
PINNACLE PRINTING AND MARKETING, INC.

Principal Place of Business	Mailing Address
3438 MAGGIE BLVD. ORLANDO FL 32811 US	3438 MAGGIE BLVD. ORLANDO FL 32811 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3145954 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

BRIDGES, WARREN
2110 FREDRICA DRIVE
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name: Ryan, Marguerite M.
82 Street Address (P.O. Box Number is Not Acceptable): 2421 Curry Ford Rd.
83
84 City: Orlando FL 85 Zip Code: 32806

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: Marguerite M. Ryan 4/10/95
(Typed, printed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D/C	☒ Change ☐ Addition
NAME	BRIDGES, WARREN	1.2 NAME		
STREET ADDRESS	2110 FREDRICA DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32812	
TITLE	ST	2.1 TITLE	D/P/M	☒ Change ☐ Addition
NAME	BUTT, WARREN P	2.2 NAME		
STREET ADDRESS	5288 KALEY AVENUE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32806	
TITLE	VP	3.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	BRIDGES, CATHERINE	3.2 NAME		
STREET ADDRESS	2110 FREDRICA DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	32812	
TITLE	V	4.1 TITLE	T	☐ Change ☒ Addition
NAME	BRIDGES, CATHERINE	4.2 NAME	Ryan, Marguerite	
STREET ADDRESS	2110 FREDERICA DR.	4.3 STREET ADDRESS	3438 Maggie Blvd.	
CITY-ST-ZIP	ORLANDO L	4.4 CITY-ST-ZIP	Orlando, FL 32811	
TITLE		5.1 TITLE	S	☐ Change ☒ Addition
NAME		5.2 NAME	Snyder, Angela	
STREET ADDRESS		5.3 STREET ADDRESS	3438 Maggie Blvd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32812	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Angela K Snyder Angela K Snyder 4/10/95 (407) 282-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000031 CP