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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## FILED Apr 21, 1999 8:00 am Secretary of State

020 \*\*\*150.00

	5 1 Late 10	1241101110	Secretary
ANNUAL REPORT		Secretary of State	Secretary
1999	WE THE	DIVISION OF CORPORATIONS	04-21-1999 90211

DOCUI	MENT # 260621			- <sub>T</sub>			
	PRESS PRESS, INC.						
	/ NEGO ( 11EO ) 1110 ·				HI BIBII BIBII BIBII BI	<b>8</b> )), <b>9</b> ( <b>8</b> )) 1 <b>98</b> )	
	مر		•				
Principal Place	e of Business	Mailing Address				41) (1) (1) 14 (1)	
230 HIGH ST		230 HIGH ST					
BELFAST ME O	4915	BELFAST ME 04915	+	DO NOT WRITE IN TH	IIS SDACE		
US		U\$	•	3. Date Incorporated or Qualifed	113 SFAOL		1
•				07/05/1962			Î
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	lied For	1
21	•	26		<u>59-0971061</u>		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	5, Certifcate of Status Desired	\$8.75 A		
22	·	27			Fee Rec	<u> </u>	┨.
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 i Added to	,	ļ
<b>Zip</b>	Country		ountry	8. This corporation owes the current year			
24	25	29 30		Personal Property Tax.		□No	
<u></u>	9. Name and Address of Currer			10. Name and Address of New Register	ed Agent		
			81 Name				
l	AGGART,J L		82 Street Addre	ess (P.O. Box Number is Not Acceptable)			1
	HERON CT						1
אטע	IEDIN FL 34698		83	_			
	-		84 City		85 Zip C	ode	1
		- LOOT 4500 51-44- 04-44- 11-4	<u> </u>		of changing its	registered	}
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	J2 and 607.1508, Florida Statutes, the of Florida. Such change was authoriz ations of, Section 607.0505, Florida St	ed by the corporation atutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	istered	
SIGNATURE	•						l
	Signature, typed or printed name of registered age		red Agent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	DE IN 12	í
12.	PD OFFICERS AF	ND DIRECTORS 1:	TITLE	ADDITIONS/CHANGES TO OFFICERS	Change	☐ Addition	(41/08)
NAME	MCTAGGART SR,JOHN L		NAME			_	
STREET ADDRESS	230 HIGH ST		STREET ADDRESS	•			E034
CITY-ST-ZIP	BELFAST ME		CITY-ST-ZIP				្រត
TITLE	V	DELETE 2.1	TITLE		☐ Change	☐ Addition	(
NAME	MCTAGGART JR,JOHN L	2.2	NAME				1
STREET ADDRESS	230 HIGH ST	23	STREET ADORESS			<b>-</b> .	
CITY-ST-ZIP	BELFAST ME		4 CITY-ST-ZIP	War .	☐ Change	Addition	1
TITLE	D		TITLE		; ¢nange		
NAME	MCTAGGART,HARRIET		NAME				
STREET ADDRESS	230 High St   Belfast Me		STREET ADDRESS				
CITY-ST-ZIP TITLE	DELITAGE MIL		CITY-ST-ZIP		☐ Change	Addition	1
NAME			2 NAME			_	
STREET ADDRESS	·		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		_		
TITLE	· · · · · · · · · · · · · · · · · · ·	<del></del>	TITLE		☐ Change	Addition	
NAME			NAME				
STREET ADDRESS	ه سنده صوره المعرف الرا	ن الراسية <u></u>	STREET ADDRESS		<del></del>		
CITY-ST-ZIP			TITLE		☐ Change	Addition	1
TITLE	  कु: ५: भ्रु: ४	<u> </u>	NAME		□ change		
NAME 137	(D.C. ), "11 T	■ 0.4	I TATANIC.				1
1 721	The Armen		OTDEET ANDDESS			i	i
STREET ADDRESS	The Armen	6.3	STREET ADDRESS 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 of 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: