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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 400963 1. Corporation Name

TOM WHITE THE PRINTER, INC.

FOR AAL	INE THE FRINTER, INC.							
Principal Place	e of Business	Mailing Add	iress		- Mary		)): B;5:; 6:6:: 4:4:: 0:0:	
310 JOHN GRE	•	310 JOHN G	rey st					*
P.O.BOX 8067 P.O.BOX 8067					DO NOT WRITE IN T	HIS SPACE		
PENSACOLA FL 32505 PENSACOLA FL 32505					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						05/11/1972		. [
<del></del>		2a. Mailing	Addross		<del></del>	4. FEI Number	Appl	ied For
2. Principal P	lace of Business		Address			59-1401532	<u> </u>	Applicable
21		26 Suito A	pt. #, etc.		4,000		\$8.75 Ad	Iditional
Suite, Apt.	#, etc.	27				5. Certifcate of Status Desired	Fee Req	
22 City & Stat	-	City & S	State			6. Election Campaign Financing	\$5.00 N	tav Be
_	ac .	28				Trust Fund Contribution	Added to	
Zip	Country	Zip		Cour	ntry	8. This corporation owes the current year	r Intangible	
24	25	29	l:	30		Personal Property Tax. Yes No		
24	9. Name and Address of Curren					10. Name and Address of New Register	red Agent	
	to the back				81 Name			ł
GRAVES H EUGENE				82 Street Add		Idress (P.O. Box Number is Not Acceptable)		
GÜL	F Breeze FL 32561			83		THE STATE AND ARREST		4 ( ) [ ]
•			•			· · · · · · · · · · · · · · · · · · ·	85 Zip Co	1 11 1 12 1 12 1 1 1 1 1 1 1 1 1 1 1 1
					84 City		FL 85 Zip Co	ode
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	. (NOTÉ:	Registered		red when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		
12.		ID DIRECTORS		13.			Change	Addition
TITLE	PTD		☐ DELETE	1.1 TIT				
NAME	GRAVES, H. EUGENE			1.2 NA	WE I	A6 11 15 15 15 15 15 15 15 15 15 15 15 15		1
STREET ADDRESS						AMINERATOR		
CITY-ST-ZIP	GULF BREEZE FL				REET ADDRESS	ever vikgrange		
TITLE			□ DCIETE	1.4 CI	TY-ST-ZIP	even v koj to oz		☐ Addition
NAMÉ	VS:		☐ DELETE	1.4 CIT	REET ADORESS TY-ST-ZIP TLE	even v kramanak	☐ Change	☐ Addition
	VS GRAVES, H. EUGENE		DELETE	1.4 CF 2.1 TF 2.2 NA	TY-ST-ZIP TLE			☐ Addition
STREET ADDRESS	VS GRAVES, H. EUGENE 202 PALMETTO ROAD		DELETE	2.1 TR 2.2 NA 2.3 ST	TY-ST-ZIP TLE TREET ADDRESS			Addition .
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-	VS GRAVES, H. EUGENE 202 PALMETTO ROAD		☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF	REET ADORESS ITY-ST-ZIP FLE WHE TREET ADORESS ITY-ST-ZIP FLE			·
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	VS GRAVES, H. EUGENE 202 PALMETTO ROAD GULF BREEZE FL			2.4 CF 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST	REET ADDRESS TY-ST-ZIP THE		☐ Change	·
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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 acceptancement with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

AND PARTIES OF THE

OUF SETT

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

02-09-1999 90027 045 \*\*\*150.00