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 # **F98000006773**1. Corporation Name

PRINT SALES & MARKETING CO.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90130 007 ***150.00



Principal Place of Business Mailing Address							#110 W111\$ 10W11 1	1061 (()) (04
2464 AMNICOLA CHATTANOOGA		PO BOX 5968 CHATTANOOGA TN 37401			DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed		
						12/14/1998		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21 26						62-1457137	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional
22	27					5. Certificate of Status Desired	Fee R	equired
City & Stat	City & State City & State					6. Election Campaign Financing		May Be
23	28					Trust Fund Contribution		to Fees
Zip				8. This corporation owes the current year Intangible				
24	25	29 30	L.,			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	it Registered Agent	81	Name		10. Name and Address of New Registered	Agent	
сто	CORPORATION SYSTEM		"	Italile				
1200 SOUTH PINE ISLAND ROAD				Street	Addres	ss (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83			1	· · · · · · · · · · · · · · · · · · ·	
	TATION TE GOOET		03					
	•		84	City		FL	85 Zip	Code
11 Durauant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above	e-named	corno			s registered
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 a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes	i.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Rec	istered Aper	nt signature	required v	when reinstating) DATE		
12.		ID DIRECTORS	13.		, , , , , ,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	DIAMANTIS, GEORGE		1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	CHATTANOOGA TN 37401	- 1.4 CI		T-ZIP				
TITLE	C00	☐ DELETE 2.1 π					☐ Change	☐ Addition
NAME	GADDIS, LELAND L	2.2 NA						
STREET ADDRESS	2464 AMNICOLA HWY.	2.3 ST		TADDRESS		-	- .	
CITY-ST-ZIP			2. 4 CITY-5	ST- ZIP				
TITLE	FO DELETE 3.1 TE		3.1 TITLE				Change	☐ Addition
NAME	HUSKEY, JAMES M	3.2 N						
STREET ADDRESS	2464 AMNICOLA HWY.		3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP	ļ			
TITLE	VT	☐ DELETE	4.1 TITLE			-	☐ Change	☐ Addition
NAME	DANIEL, CAROLE J		4. 2 NAME					
	2464 AMNICOLA HWY.		4.3 STREE					
	CHATTANOOGA TN 37401		4.4 CITY-S	T-ZIP	<u> </u>			
TITLE	S	☐ DELETE	5.1 TITLE		1		Change	☐ Addition
NAME	THOMAS, DORIS J		5.2 NAME	T 4000=0=				
	2464 AMNICOLA HWY.			TADDRESS				
CITY-ST-ZIP	CHATTANOOGA TN 37401	- Aciete	5.4 CITY-S	I-ZIP	<u> </u>		□ Chanca	Addition
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ voningu i
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS	1			į

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.

6.4 CITY-ST-ZIP

SIGNATURE: