Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90039 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F99030

1. Corporation Name			•	
NAPLES PRINTING, INC.				4.411 41811 81411 81411 81811 1881
			<u> </u>	
Principal Place of Business	Mailing Address			
333 AIRPORT ROAD NORTH	333 AIRPORT ROAD NORTH			
NAPLES FL 34104	NAPLES FL 34104 US		DO NOT WRITE IN TH	HIS SPACE
03	00		3. Date Incorporated or Qualifed	
			09/10/1982	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2219623	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	5. Certifcate of Status Desired	\$8.75 Additional
22	27		2. 3	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	Intangible Yes No
24 25	29 3	0	Personal Property Tax. 10. Name and Address of New Register	
9. Name and Address of Curre	nt Registered Agent	81 Name		
COUTURE, DAVID W.		1 1 7	HOMAS W. COUTURE	
333 AIRPORT ROAD NORTH		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
NAPLES FL 33942		83 - 3	82 HICKORY Rd.	
11A1 ELO 1 E 33372		" #	<u></u>	
		84 City	APLES. F	EL 85 Zip Code X
007.05	007.4500 Fl-11- Ct-11-	the obeys remed com	poration submits this statement for the purpose	of changing its registered
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig.	J2 and 607.1508, Florida Statutes of Florida. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
agent. I am familiar with, and accept the oblig-	ations of Section 607.0505, Florid	la Statutes.	D l	1/00
SIGNATURE THOMAS W. CO	OTURE SEC.	Egişterêd Agent signature requiri	(Company reinstating)	///
Signature, typed or printed name of registered ag 12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE P	DELETE		EC.	Change Addition
NAME COUTURE, MICHAEL J			HOMAS W. COUTURE	• •
STREET ADDRESS 5629 12TH AVENUE, SW		1.3 STREET ADDRESS	2) HICKON Rd.	
CITY-ST-ZIP NAPLES FL 34116		1.4 CITY-ST-ZIP	82 Hickory Rd. IAPLES, FL 34108	
TITLE S	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME COUTURE, DAVID W	•	2.2 NAME		
STREET ADDRESS 1128 BALD EAGLE DR		2.3 STREET ADDRESS		
City-st-ZIP MARCO ISL, FL 00000 34145		2. 4 CITY-ST-ZIP		
TITLE TO THE TOTAL TO THE TOTAL TOTA	□ DELETE	3.1 TITLE		· Change Addition
NAME COUNTY	,₩	3.2 NAME		
STREET ADDRESS 5 44 HUVE		3.3 STREET ADDRESS		
CITY-ST-ZIP N4765, FC 34108		3.4. CITY-ST-ZIP		
ITTLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS	•	4.3 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 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Change

Addition

☐ Addition