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

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90038 006 ***150.00

DOCUMENT :	# H95826
1 Corporation Name	1 10000

ROAD RUNNER MARKINGS, INC.

Principal Place	e of Business	Mailing Address					
2140 SUNNYDA	LE BLVD	2210 SUNNYDALE BLVD					
C	W 60705	C CADIMATED EL 20765			DO NOT WRITE IN TH	IS SPACE	
CLEARWATER F US	£ 33/65	CLEARWATER FL 33765 US			3. Date Incorporated or Qualifed		 1
US		US			01/24/1986		,
		T Co. Stalling Address			4. FEI Number		Applied For
	lace of Business	2a. Mailing Address				-	Not Applicable
21		20	 _		59-2656109		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
22		27		_ 			
City & State	e	City & State			6. Election Campaign Financing		O May Be
23		28			Trust Fund Contribution		d to Fees
Zip 220	Country	33765·1209	Cou	ntry	8. This corporation owes the current year	_	
24 33 /			30		Personal Property Tax.	☐ Yes	ZNo
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registere	d Agent	
				81 Name		•	
	CIK, JAMES W.			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
2140	SUNNYDALE BLVD SUITE C			July Success	dardes (r.e. dex (rember le vist ree-ples)		
CLE	ARWATER FL 33765			83			
						711-4	
ļ				84 City	F	85 Zi	p Code
		20 - d c02 4500 Florido State	too the o	hove named a	orporation submits this statement for the purpose	_ , , _	its registered
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was	authorized	by the corpor	ration's board of directors. I hereby accept the app	pointment as	registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, F	orida Stat	utes.			i
SIGNATURE							
	Signature, typed or printed name of registered ager			Agent signature rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TOPS IN 12
12.		ID DIRECTORS	13.			Chang	
TITLE .	P	☐ DELETE	1.1 11		(DS detar	Cloud	s production
NAME	PORTHOUSE, LISA A		1.2 N	AME)			
STREET ADDRESS	2140 SUNNYDALE BLVD SUITE	EC	1.3 \$1	REET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33765		1.4 CI	TY-ST-ZIP			
TITLE	VSTD	☐ DELETE	2.1 TI	ΠE		Chang	e 🗌 Addition
NAME	SEFCIK, JAMES W		2.2 N	AME			
STREET ADDRESS	2140 SUNNYDALE BLVD SUITE	F C	2.3 5	REET ADDRESS			{
CITY-ST-ZIP	CLEARWATER FL 33765	- <u>-</u>	-	ITY-ST-ZIP	•	. •	!
TITLE	OLLANIVATENTE 35705	☐ DELETE	3,1 TI			Chang	e 🗀 Addition
			3.2 N	Į.			
NAME							
STREET ADDRESS	}			REET ADDRESS			
CITY-ST-ZIP		Classes-		ΠY-ST-ZIP		[] Chang	e
TITLE		☐ DELETE	4.1 TI		:		Le □ Vacinon
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 \$	TREET ADDRESS			
CITY-ST-ZIP	·	•	4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TI	TLE		Chang	je 🗌 Addition
NAME]		5.2 N	AME]			
STREET ADDRESS)		5.3 S	TREET ADDRESS	•		
				TY-ST-ZIP			
CITY-ST-ZIP	 	☐ DELETE	6.1 TI			Chang	je 🔲 Addition
TITLE	- www.	∴. DELETE	6.2 N	· .			
j NAME	ر سيبير بالبنس المعمود	J. Mary	1				
STREET ADDRESS		级人		FREET ADDRESS			
CITY-ST-7IP		·	64 C	TY-ST-ZIP			,

14. I hereby certify that the information supplied with this 'liling 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 of 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 or annual or on an attachment with an address, with all other like empowered.

127.447.3678

SIGNATURE: