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

**PROFIT** CORPORATION ANNUAL REPORT

1998

24

P. Belleville



FLORIDA DEPARTMENT OF STATE

**\$andra** B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000005227 (9)

ALOHA SCREEN PRINTING, INC.

25

2737 GULF BREEZE PARKWAY #9

ROBELLO, RODNEY L

**GULF BREEZE FL 32561** 

9. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address 2737 GULF BREEZE PARKWAY #9 2737 GULF BREEZE PARKWAY #9 GULF BREEZE FL 32561 **GULF BREEZE FL 32561** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3358075 26 Suite, Apl. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible

83 84 City Zip Code

81 Name

82

30

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 suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505 programment. I would be supposed to the obligations of Section 607.0505 programment. CHANGE REGISTERED KENI 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE Change 1.1 TITLE ROBELLO, RODNEY L NAME 1.2 NAME 2737 GULF BREEZE PARKWAY #9 STREET ADDRESS 1.3 STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change TITLE 2.1 TITLE ☐ Addition ROBELLO, CHAD K NAME 2.2 NAME 2737 GULF BREEZE PARKWAY #9 STREET ADDRESS 2.3 STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 or or attachment attachment and officers.

4/32/94

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

850 934-47/6

FILED

May 19 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable