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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000094118 (1)

1. Corporation Name

CORPORATE SPECIALTIES & PRINTING, INC.

Principal Place of Business

9159 WARWICKSHIRE ROAD
JACKSONVILLE FL 32257

Mailing Address

9159 WARWICKSHIRE ROAD
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4077 Woodcock Dr.

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Jacksonville, FL

Zip

24 32207-2713 25 Duval

2a. Mailing Address

26 P.O. Box 56681

Suite, Apt. #, etc.

27 ---

City & State

28 Jacksonville, FL

Zip

29 32241-6681 30 Duval

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

59-3485503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

APPENFELDER, LORI
9159 WARWICKSHIRE ROAD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME APPENFELDER, GREG B
STREET ADDRESS 9159 WARWICKSHIRE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ DELETE

TITLE D
NAME APPENFELDER, CHARLES L
STREET ADDRESS 9159 WARWICKSHIRE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Appenfelder, Greg B
1.3 STREET ADDRESS 4077 Woodcock Dr., Suite 100
1.4 CITY-ST-ZIP Jacksonville, FL 32207-2713

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Davis, Charles L
2.3 STREET ADDRESS 4077 Woodcock Dr., Suite 100
2.4 CITY-ST-ZIP Jacksonville, FL 32207-2713

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Greg B. Appenfelder Greg B. Appenfelder

04-09-98

904-396-2526

CR2E034 (10/97)