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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

217076

(9)

TAMPA BULE PRINT COMPANY, INC.

FILED

Mar 20 1998 8:00am

Secretary of State

(7441) 71	DEOL I III									
Principal Place	e of Business		Mailing Address						E HORING HORN HOUR INGER BARTIE HARNE MILLI GEBEN GEGEN GEGEN DEGEN GEGEN GEGEN GEGEN FRANCE	
1319 FLORIDA AVENUE TAMPA FL 33602			1319 FLORIDA AVENUE TAMPA FL 33602					DO NOT WRITE IN THIS SPACE		
									3. Date Incorporated or Qualified	\neg
									11/10/1958	
2. Principal P	lace of Busine	uss	2a. Mailing Address						4. FEI Number Applied For	
21			26						59-0855185 Not Applicat	ole
Suite, Apt.	#, etc.		├ ──┐	Suite, Apt. #, etc.					5. Certificate of Status Desired	
City & State	е		City & State					6. Election Campaign Financing \$5.00 May Be		
23			28	28					Trust Fund Contribution Added to Fees	
Zip	, , , , , , , , , , , , , , , , , , ,			Zip Country			,		8. This corporation owes or has paid the current year Intangible	
24		5	29		30				Personal Property Tax due June 30. X Yes No	_
	g. Name a	ind Address of Curre	nt Regist	ered Agent		ļ			10. Name and Address of New Registered Agent	
HAL	L, MULLIS					81	Name			
MADISON & TAMPA STREET TAMPA FL 33602							Street	Addres	ess (P.O. Box Number is Not Acceptable)	
1740		~_				83				
						84	City		FL 85 Zip Code	\neg
office or re	egistered age	ons of Sections 607.050 int, or both, in the State in, and accept the oblig	of Florid	 a. Such change was 	authorize	d by	the cor	l corpo poratio	oration submits this statement for the purpose of changing its registers on's board of directors. I hereby accept the appointment as registered	be t
SIGNATURE									'	_
	Signature, typed o	r printed name of registered ag				d Age	ent signatur	e required	ed when reinstating) DATE ADDITIONAL COLUMN COLUM	_
12.	AAD	OFFICERS AN	ID DIREC	DELE TE	13. 1.1 T	(T) F		т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	ion
TITLE	PSD Hone et	CIA/A DT		_ better	1.0 h					
NAME.	LIPPE, ST					-	ADDRESS	}		- 1
STREET ADDRESS		DE SOTO AVE]
CITY-ST-ZIP TITLE	TAMPA FI	<u> </u>		DELETE	2.1 T		ST - ZIP	<u> </u>	Change Addit	ion
1	TD	DALILA			2.2 N					
NAME OTOTET ADDOCCO	CLAMON,	RECO DR.					ADDRESS			
STREET ADDRESS	BRANDO						ST-ZIP			ı
CITY - ST - ZIP TITLE	DITATION	<u> </u>		DELETE	3.1 T		31-211	<u> </u>	Change Addit	ion
NAME				_	3.2 N					
STREET ADDRESS							ADDRESS			
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NAME					4.21	∤AME				
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NAME					6.2 N	AME				ļ
STREET ADDRESS					6.3 S	TREET	ADDRESS			-
CITY-ST-7IP					640	(TY-S	T - 7(P	1		

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.

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