**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90013 024 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 247731**

1. Corporation Name

**VAUGHAN PRINTERS INCORPORATED** 

Principal Place of Business Mailing Address							IIIBI IIBI DIBII 1	ADI) BIBN 1111	01011 01011 1001
6620 W BROAD ST		6620 W BROAD ST							
STE 500 ST		STE 500	STE 500						
RICHMOND VA 23230 RICHMOND VA 23230					DO NOT WE		SPACE		
US		US				3. Date Incorporated or Qualifer	· b		
2 Principal P	lace of Business	1 0 44=10m = 4 2-1				05/22/1961	w		
<b>⊢</b> '	lace of Business	2a. Mailing Address			l	4. FEI Number		<del>}</del>	pplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-0932455			ot Applicable
22	m, oto.	27				5. Certifcate of Status Desired			Additional equired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	' <b>-</b>		to Fees
Zip	Country	Zip	Country	,		8. This corporation owes the cur	rrent year Int	angible	
24	25		10			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent	0.4			10. Name and Address of New	Registered	Agent	
стс	ORPORATION SYSTEM		81	Na	ime				
1200 S PINE ISLAND RD			82	Ştr	eet Addres	ss (P.O. Box Number is Not Accep	table)	W. L.L.	
PLAN	NTATION FL 33324		83						
			84	Cit	у	1940		85 Zip	Code
							FL	. 1 1	
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.									registered gistered
SIGNATURE	•								
	Signature, typed or printed name of registered agent a			t signa	ture required w	hen reinstating)	DATE		
12.	OFFICERS AND DIRECTORS  P DELETE		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE			1.1 TITLE	į				☐ Change	☐ Addition
NAME	GILLISPIE, C. STEPHENSON		1.2 NAME						
STREET ADDRESS	6620 W BROAD ST, STE 500		1.3 STREET ADDRESS		ESS				
CITY-ST-ZIP TITLE	0		1.4 CITY-ST-ZIP						
NAME			2.1 TITLE					Change	Addition
	COOC MURROUND OF OUT TOO			2.2 NAME					
STREET ADDRESS	RICHMOND VA 23230		2.3 STREET		ESS				,
CITY-ST-ZIP TITLE			2.4 CITY-ST-ZIP						
NAME	BOOLIED DAVID E		3.1 TITLE					☐ Change	Addition
STREET ADDRESS	COOR W DROAD OF OFF FOR		3.2 NAME						
	DICCHAOND MA GOOD			3.3 STREET ADDRESS				•	
CITY-ST-ZIP TITLE			3.4. CITY-ST-ZIP						- Addison
NAME		C) DELETE	4.1 TITLE					☐ Change	☐ Addition
STREET ADDRESS			4.2 NAME						ĺ
			4.3 STREET		:SS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST	-ZIP	-	·			
		☐ pereic	5.1 TITLE 5.2 NAME					☐ Change	☐ Addition
NAME				40pc	-66				
STREET ADDRESS			5.3 STREET		:55				}
CITY-ST-ZIP		□ per ere	5.4 CITY-ST 6.1 TITLE	-ZIP	<del></del>	<del></del>			
TITLE		☐ DELETE	0.1 IIILE		1			Change	Addition \

14. I hereby certify that the information supplied with indicated on this annual report of supplemental officer or director of the corporation of the received Block 12 or Block 13 if changed, or on an attachr does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an adverses, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Secretary

2/4/99

(804) 287-5690

Daytime Phone #