

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 399125 (4)
1. Corporation Name
SHULTZ PRINTING, INC

Principal Place of Business

716 SOUTH COMMERCE
P O BOX 31
SEBRING FL 33870

Mailing Address

716 SOUTH COMMERCE
P O BOX 31
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1972

4. FEI Number

59-1411775

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SHULTZ, GEORGE S
716 S. COMMERCE
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

Lilly B Shultz

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

2640 S. Lake Denton Rd

83

84 City

Avon Park

FL

85 Zip Code

33825

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

Lilly B Shultz

(NOTE: Registered Agent signature required when reinstating)

4-20-98

(DATE)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | VPT | <input type="checkbox"/> DELETE |
| NAME | SHULTZ, GEORGE JR | |
| STREET ADDRESS | RT-1 BOX 172 | |
| CITY - ST - ZIP | 2010 SPRINGS FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SHULTZ, LILLY B | |
| STREET ADDRESS | 2640 S. LAKE DENTON RD. | |
| CITY - ST - ZIP | AVON PARK FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ADAIR, SANDRA KAY | |
| STREET ADDRESS | 210 JAY AVE | |
| CITY - ST - ZIP | SEBRING FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------------------------|--|
| 1.1 TITLE | VPT George Shultz Jr | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 1064 CRACKER HAMMOCK RD. | |
| 1.3 STREET ADDRESS | PO Box 4417 | |
| 1.4 CITY - ST - ZIP | Sebring FL 33871-4417 | |
| 2.1 TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Lilly B Shultz | |
| 2.3 STREET ADDRESS | 2640 LAKE DENTON RD | |
| 2.4 CITY - ST - ZIP | AVON PARK, FL 33825 | |
| 3.1 TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Sandra K. Adair | |
| 3.3 STREET ADDRESS | 210 JAY AVE. | |
| 3.4 CITY - ST - ZIP | Sebring, FL 33872 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Lilly B Shultz

2-19-98

941-385-5998

CR2E034 (10/97)