FILED

Mar 09, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 442935

1. Corporation Name
PRESS PRINTING ENTERPRISES, INC.

Principal Place of Business Mailing Address			ess			1 (44))) 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5		
3601 HANSON STREET POST OFFICE BOX 220 FORT MYERS FL 33916 US		3601 HANSON STREET POST OFFICE BOX 220 FORT MYERS FL 33902 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/31/1973		
2. Principal F	Place of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	Applied For	
21		26				59-1498447	Not Applicable	
Suite, Apt	. #, etc.	——————————————————————————————————————	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip 29	30	Country		This corporation owes the current year Personal Property Tax.	Intangible Yes □No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
150	ettich, Carl 18 Briar Ridge Cir. Myers Fl 33912			82 83		ddress (P.O. Box Number is Not Acceptable)	85 Zip Code	
					1	F	L	
11. Pursuant office or agent. I a	t to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the c	7.0502 and 607.1508, f State of Florida. Such c obligations of, Section 6	lorida Statutes, hange was autho 07.0505, Florida	the aboverized by Statutes	e-named o the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable	(NOTÉ: Res	gistered Age	nt signature rec	quired when reinstating) DATE		
12.	Olghalard, 1750a of printed that the control of the			13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	TV		DELETE	1.1 TITLE			☐ Change Addition	
NAME	LUETTICH, EDWIN K.			1.2 NAME				
STREET ADDRESS 15640 GLENDALE LANE			1.3 STREE	TADDRESS	-0-			
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-S	TÆIP	<u>33912</u>		
TITLE	P		DELETE	2.1 TITLE		 ,	Change Addition	
NAME	LUETTICH, LARRY			2.2 NAME			•	
STREET ADDRESS	15620 GLENDALE LN.			2.3 STREE	TADDRESS	07010		
CITY-ST-ZIP	FT. MYERS FL			2. 4 CITY-	ZIP)	33712		
TITLE	ST		DELETE	3.1 TITLE			Change Addition	

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, with all other like empowered.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

LUETTICH, CARL

FT. MYERS FL

15018 BRIAR RIDGE CIR.

NATURE AND TYPEDOM PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

941/334-1238 Davime Pitone #

Change

Change

Change

Addition

☐ Addition

Addition

CR2E034 (11/98)