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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 483435

1. Corporation Name

PRESTO PRINT, INC.

			_
Principal	Place	of Busines:	s

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90003 030 ***150.00



Principal Place	e of Business	Mailing Address				1 19811 Stati Stati IIII alaa IIII a			
3226 BENNETT		3226 BENNETT ST N				İ			
ST PETERSBURG FL 33713 ST PETERSBURG FL 33713		3			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						08/26/1975			* -
		2a. Mailing Address				4. FEI Number		Applie	d For
2. Principal P	lace of Business	├ ──				59-1627147		Not A	oplicable
21		Suite, Apt. #, etc.					\$8.7	5 Add	itional
Suite, Apt.	#, etc.	⊢				5. Certifcate of Status Desired	Fee	Requi	red
22		City & State				6. Election Campaign Financing	\$5.0	00 ма	v Be
City & Stat	e	28				Trust Fund Contribution		ed to F	
23	Country	Zip	Соц	ntry		8. This corporation owes the current year I	ntangible		
Zip	25	29	30			Personal Property Tax.	☐ Yes		No
24	9. Name and Address of Cur		1001.			10. Name and Address of New Registere	d Agent		
	3. Name and Address of St.			81	Name				
SAY	LOR, RICHARD A.			82	Street Add	ress (P.O. Box Number is Not Acceptable)			1
	5- 50TH PLACE S.			02	Sileet Add	Tess (F.O. Dox Humber to Hotel test)			
ST.	PETERSBURG FL 33711			83			-		
				_			85 2	Zip Coc	le
				84	City	F	L °° `	_ip	
11. Pursuant office or	to the provisions of Sections 607, registered agent, or both, in the Stam familiar with, and accept the ob	0502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of Section 607.0505, Fl	ites, the a authorized orida Stati	bove I by utes	e-named corp the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment a	s regisi	lered
		ga							\
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered	Ager	nt signature requir	ed when reinstating) DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			Addition
TITLE	PT	DELETE	1.1 TI	ſLΕ			☐ Char	ıg u	Accident
NAME	SAYLOR, RICHARD A.		1.2 N	ME					
STREET ADDRESS	4366 50TH PLACE S		1.3 \$	REE	T ADDRESS	•			
CITY-ST-ZIP	ST. PETERSBURG FL.		1.4 C	TY-S	T-ZIP				Addition
TITLE	VP	☐ DELETE	2.1 TI	TĹE			☐ Char	nge	- Addition
NAME	DECK, JOHN W.		2.2 N	AME		· · · · · · · · · · · · · · · · · · ·		•	1
STREET ADDRESS	AND ANTIL MUCHINE MORT	H	2.3 \$	TREE	T ADDRESS	•			}
CITY-ST-ZIP	ST. PETERSBURG FL	_	2.40	ITY-5	ST-ZIP			-	- Addison
TITLE		☐ DELETE	3.1 T	TLE			☐ Cha	nge	Addition
NAME			3.2 N	AME					1
STREET ADDRESS	3		3.3 S	TREE	T ADDRESS				
CITY-ST-ZIP			3.4. 0	ITY-S	ST-ZIP		#7 A		TT A delain
TITLE		☐ DELETE	4,1 T	TLE			[_] Cha	nge	Addition
NAME			4,21	IAME					
STREET ADDRESS	si		4.3 S	TREE	TADORESS	¥			
CITY-ST-ZIP		<u></u>	4.4 0	ITY-S	ST-ZIP		r7.01		- Addition
TITLE		☐ DELETE	5.1 T				Cha	uge	☐ Addition
NAME			5.2 N	AME					
STREET ADDRES	s		5.3 8	TREE	TADDRESS				
CITY-ST-ZIP					ST-ZIP				- Addition
TITLE		☐ DELETE	6.1 T	ITLE			Cha	inge	Addition
NAME			6.2 N	AME					
STREET ADDRES	s		6.3 5	TREE	T ADDRESS				
STREET MEDINES	~[640	······································	ST. 71D				Į.

14. I hereby certify that the information supplied with this filing does not fualify 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 trop 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 of the acciver or trustee expowered 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 an altachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: