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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90013 050 \*\*\*150.00

DOCUMENT #

1. Corporation Name

553143 ✓  
Macke/Knopf Graphics, Inc.

Principal Place of Business

Mailing Address

439 E. 8th Street  
Jacksonville, FL 32206

439 E. 8th. Street  
Jacksonville, FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

November 28, 1977

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-1782582

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23

28

Zip - Country

Zip - Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Knopf, Ronald W.  
439 E. 8th. Street  
Jacksonville, FL 32206

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME Knopf, Ronald W.

1.2 NAME

STREET ADDRESS 439 E. 8 th. Street

1.3 STREET ADDRESS

CITY-ST-ZIP Jax., FL 32206

1.4 CITY-ST-ZIP

TITLE Secretary ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME Knopf, Raymond E., Jr.

2.2 NAME

STREET ADDRESS (same as above)

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME Knopf, Ralph J.

3.2 NAME

STREET ADDRESS (same as above)

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald W. Knopf

4-29-99

Date

(904) 355-4411

Daytime Phone #

CR2E034 (11/98)