03-10-1999 90252 027 ***150.00

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 # 573592

QUICKSILVER PRINTING & COPYING. INC.

Principal Place of Business				Mailing Address					1 (SECE) #1)(1 (SECE) HITE) #1(10 (B)(0 (B					
4227 W. KENNEDY BLVD. TAMPA FL 33609				4227 W. KENNEDY BLVD. TAMPA FL 33609			ļ		DO NOT WRITE IN THIS	SDACE	=			
								-	2	Date Incorporated or Qualifed	J- ACI	_		
								}		05/25/1978			1	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For					
- 7 '				26. Walling Address						59-1838756			Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			_	\$8.75 Additional						
22				27					5.	Certificate of Status Desired	F6	e Req	uired · ·	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be					
23				28						Trust Fund Contribution	Ad	ded to	Fees	
Zip Country				Zip Country					8. This corporation owes the current year Intangible					
24	25	<u> </u>	29	 	30	_			40	Personal Property Tax.	Yes	3 1	<u> </u>	
	9. Name and	d Address of Curr	ent Regis	tered Agent		81	Name		10.	Name and Address of New Registered	Agent			
WAD		EW B				0'	Name	,						
Wardrop, andrew R. 6212 Imperial Way						82	Street	Addres	Iress (P.O. Box Number is Not Acceptable)					
TAMPA FL 33615														
17 4071	71 7 2 333 13					83								
						84	City			FI	85	Zip C	ode	
44 Dumunt	to the province	s of Sections 607.0	502 and 6	07 1508 Florida Statu	ites the a	hove	-named	1 corner	ation	n submits this statement for the purpose of	changi	ng its r	egistered	
office or re	egistered agent.	or both, in the Stat	te of Florid	da. Such change was Section 607.0505, Fl	authorize	d by	the corp	oration	s bo	oard of directors. I hereby accept the appoin	ntment	as reg	istered	
_	m ramınar wim,	and accept the obli	galions oi,	Section 607.0303, Th	Origa Star	uics	•						}	
SIGNATURE	Signature, typed or pr	rinted name of registered a	igent and title	if applicable. (NOT	E: Registered	Agen	t signature	required w	then re	reinstating) DATE				
12.		OFFICERS /			13.				- /	ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	PD			☐ DELETE	1.1 T	πE					☐ Ch	ange	☐ Addition	
NAME	WARDROP,	andrew R.			1.2 N	AME.								
STREET ADDRESS	6212 IMPER	IAL WAY			1.3 S	TREET	ADORESS	ŝ						
CITY-ST-ZIP	TAMPA FL				1.4 0	ITY-S	r-zip	 						
TITLE	VSTD			☐ DELETE	2.1 T	TLE					☐ Ch	ange	Addition	
NAME	WARDROP, VICTORIA			22 N			2.2 NAME						[
STREET ADORESS	6212 IMPER	IAL WAY		2.3 \$			2.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL				2.40	ITY-S	T-ZIP		<u>.</u>					
TITLE	VD			☐ DELETE 31		3 1 TITLE					Ch	ange	☐ Addition	
NAME	WARDROP, JR. A			32 N										
STREET ADDRESS	8633 HUNTE	Field Street			3.3 S	TREET	ADDRESS	3						
CITY-ST-ZIP	TAMPA FL				3.4. 0	ITY-S	T- ZIP	<u> </u>						
TITLE				☐ DELETE	4.1 T	ITLE					Ch	ange	☐ Addition	
NAME					4.21	NAME								
STREET ADDRESS					4.3 S	TREE	ADDRESS	S					,	
C/TY-ST-ZIP					4.4 0	ITY-S	T-ZIP							
TITLE				☐ DELETE	5.1 T						☐ Ch	ange	☐ Addition	
NAME					5.2 N			1		•				
STREET ADDRESS					1		ADDRESS	5						
CITY-ST-ZIP						ITY-S	T-ZIP	╽						
TITLE				☐ DELETE	6.1 T						☐ Ch	ange	☐ Addition	
NAME					6.2 N	AME		1						

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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP