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

**PROFIT** CORPORATION ANNUAL REPORT

1999

WINTER PARK PRINTERS, INC.

1. Corporation Name

NAME

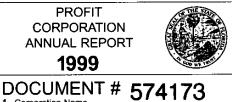
TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 07, 1999 8:00 am Secretary of State 05-07-1999 90092 045 \*\*\*150.00

# 

#### Principal Place of Business Mailing Address 937 MILLENBECK AVE. 937 MILLENBECK AVE **DELTONA FL 32725 DELTONA FL 32725** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/30/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1821524 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LADOLCE, PATRICIA M. 82 Street Address (P.O. Box Number is Not Acceptable) 937 MILLENBECK AVE. **DELTONA FL 32725** 83 84 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 □ DELETE 1.1 TITLE Change Addition TITLE KING, BRYAN 1.2 NAME NAME 4150 JOHN YOUNG PKWY. 1.3 STREET ADDRESS STREET ADORESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITL F □ DELETE 2.1 TITLE LADOLCE, PATRICIA M. 2.2 NAME NAME 937 MILLENBECK AVE. STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 51 TITLE

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 supplied with this limit does not qualify for the exemption stated in 35 to 135 to 150 to 150

5.2 NAME

6.1 TITLE

6.2 NAME

□ OFLETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #

Change

☐ Addition

CR2E034 (11/98)