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 # 609884

QUICKPRINT, INC.

Principal Place of Business

504 NORTH MAIN STREET CRESTVIEW FL 32536

Mailing Address

504 NORTH MAIN STREET CRESTVIEW FL 32536

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90008 005 ***150.00



DO NOT WRITE IN THIS SPACE

US		US				: •••		
						3. Date Incorporated or Qualifed 02/14/1979		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Appl	lied For
	W Woodruff Ave	26 158 W WOO	druff /	Lve		59-1886676	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.	,,		-		8.75 Ac	lditional
22 Cres	twiew, FL 32536	27				5. Certificate of Status Desired	Fee Req	uired
City & Stat		City & State				6. Election Campaign Financing	5.00 N	lay Be
23		28 Crestview	FL 3	2530	6	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		untry		8. This corporation owes the current year Intangil		
24	25 US	29	30	US		Personal Property Tax.		No
1	9. Name and Address o	f Current Registered Agent		<u> </u>		10. Name and Address of New Registered Age	nt .	
	PO 1445V II			81	Name	**		i
JONES, MARY V					82 Street Address (P.O. Box Number is Not Acceptable)			
6236 WINSTEAD ROAD				out of Address (1.5. par Address)				
CRE	stview fl			83			•	
				84	C:L.	8:	Zip Co	nde
				64	City	FL \"	, 2,00	,,,,,
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, Florida St	atutes, the a	above	-named corpo	oration submits this statement for the purpose of char	iging its r	egistered
office or r	enistered agent or both in t	he State of Florida. Such change w he obligations of, Section 607.0505.	as authorize	ed by t	he corporation	n's board of directors. I hereby accept the appointme	nt as regi	stered
	$\mathbf{Q}_{\mathbf{Q}_{1}}$	The Designations of, Section 607:0303.	i ionaa ota	tutes.		2/22/99		
SIGNATURE	Signature, typed or printed/same of rec	uistered agent and title if applicable. (NOTE: Registere	d Agent	signature required	when reinstating) DyfE		
12.		CERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	RS IN 12
TITLE	P .	☐ DELET	1.11	TITLE			Change	☐ Addition
NAME	JONES, MARY V		1.21	VAME				
STREET ADDRESS	6236 WINSTEAD RD		135	STREET	ADDRESS			
	CRESTVIEW FL			CITY-ST				
CITY-ST-ZIP	VP .	☐ DELET		IIILE			Change	Addition
	JONES, VIRGINIA A			VAME				,
NAME	318 59TH ST		I	–	*DODGGG			j
STREET ADDRESS					ADORESS	- •		
CITY-ST-ZIP	NEWPORT NEWS VA	☐ DELET		CITY-ST	T-ZIP		Change	Addition
TITLE	VP	□ DELET		MLE			ondrigo	
NAMÉ	JONES, THOMAS C			NAME				
STREET ADDRESS	1740 S FERNSIDE DR		3.3 \$	STREET	ADDRESS			
CITY-ST-ZIP	TACOMA WA			CITY-S1	T-ZIP		Change	Addition
TITLE	VP	☐ DELET		IIILE		Ц	Change	TT MOOIDON
NAME	JONES, EDWARD W			NAME				
STREET ADDRESS	6230 WINSTEAD RD		4.3 5	STREET	ADDRESS			
CITY-ST-ZIP	CRESTVIEW FL			CITY-ST	-ZIP			
TITLE		☐ DELET		TITLE			Change	Addition
NAME			5.21	NAME	[
STREET ADDRESS			5.3 8	STREET	ADDRESS			
CITY-ST-ZIP			5.4 (CITY-ST	-ZIP			
TITLE		☐ DELET	6.11	TITLE			Change	Addition
NAME			6.21	NAME		•		
STREET ADDRESS			6.3 9	STREET	ADORESS			
SINCE MUDICESS	Ί		•	CITY. ST				

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 attackment with an address, with all other like empowered.