

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 635129 (0)

1. Corporation Name
SUN 'N FUN PRINTING COMPANY, INC.

Principal Place of Business 4820 122ND AVENUE NORTH CLEARWATER FL 34622	Mailing Address 4820 122ND AVENUE NORTH CLEARWATER FL 34622
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1979

4. FEI Number

59-1934033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4820 122ND AVE N	26 409 WALNUT ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State CLEARWATER, FL	28 City & State MCKEESPORT PA
24 Zip 34622	29 Zip 15132
25 Country	30 Country

9. Name and Address of Current Registered Agent

SHULER, JAMES
1505 N. FLORIDA AVENUE
TAMPA FL 33602

10. Name and Address of New Registered Agent

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

TITLE	C	<input type="checkbox"/> DELETE
NAME	COX, WILLIAM J.	
STREET ADDRESS	405-409 WALNUT ST.	
CITY-ST-ZIP	MCKEESPORT PA	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MANSFIELD, MARY H.	
STREET ADDRESS	405-409 WALNUT ST.	
CITY-ST-ZIP	MCKEESPORT PA	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	MANSFIELD, PATRICIA J.	
STREET ADDRESS	405-409 WALNUT ST.	
CITY-ST-ZIP	MCKEESPORT PA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANSFIELD, PATRICIA K	
STREET ADDRESS	405-409 WALNUT STREET	
CITY-ST-ZIP	MCKEESPORT PA	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILES, CHRIS P.	
STREET ADDRESS	409 WALNUT ST	
CITY-ST-ZIP	MCKEESPORT PA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

CHRIS MILES 3-3098 412-664-9161

CR2E034 (10/97)