

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90048 023 ***150.00

DOCUMENT # 689491

1. Corporation Name

PENINSULAR PRINTING OF DAYTONA BEACH, INC.

Principal Place of Business

1814 HOLSONBACK DR
C/O BERNARD G. MAGUIRE
DAYTONA BEACH FL 32117

Mailing Address

1814 HOLSONBACK DR
C/O BERNARD G. MAGUIRE
DAYTONA BEACH FL 32117

William J.
Maquire

William J.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1980

4. FEI Number

59-2042558

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MAGUIRE, BERNARD G.
1814 HOLSONBACK DRIVE
DAYTONA BEACH FL 32117

10. Name and Address of New Registered Agent

81 Name

William J. Maquire

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

83 3 Timberline Trail Apt A

84 City

Ormond Beach

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

William J. Maquire

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 PD ☒ DELETE
NAME MAGUIRE, BERNARD
STREET ADDRESS 925 N. HALIFAX, #209
CITY-ST-ZIP DAYTONA BEACH FL

TITLE SD ☐ DELETE
NAME MAGUIRE, FRANCES A.
STREET ADDRESS 925 N. HALIFAX, #209
CITY-ST-ZIP DAYTONA BEACH FL

TITLE PD ☐ DELETE
NAME MAGUIRE, WILLIAM J
STREET ADDRESS 925 N. HALIFAX #209
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME Maguire, William J.
3.3 STREET ADDRESS 3 Timberline Trail Apt. A
3.4 CITY-ST-ZIP Ormond Beach, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

William J. Maquire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Maquire 3/19/99

Date

(904) 274-4837

Daytime Phone #

CR2E034 (1/98)