

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 694140

(5)

1. Corporation Name

LEE COUNTY BLUEPRINTING, INC.

Principal Place of Business

C/O THOMAS T. MINTA  
3525 FOWLER ST.  
FT. MYERS FL 33901

Mailing Address

C/O THOMAS T. MINTA  
3525 FOWLER ST.  
FT. MYERS FL 33901-0925

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

MINTA, THOMAS T  
3525 FOWLER ST.  
FT MYERS, FL  
33901

3. Date Incorporated or Qualified

07/13/1981

3a. Date of Last Report

04/16/1996

4. FEI Number

59-2098789

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

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 ☐ DELETE

NAME PD  
MINTA, THOMAS T  
STREET ADDRESS 18707 BOBCAT DRIVE S.W.  
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME D  
TAYLOR, SUSAN M  
STREET ADDRESS 11602 S. KI ROAD  
CITY-ST-ZIP PHOENIX AZ

TITLE ☐ DELETE

NAME D  
MINTA, JAMES J.  
STREET ADDRESS 7853 VINEYARD LAKE RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME VD  
MINTA, PAUL A  
STREET ADDRESS 300 AMHERST AVENUE  
CITY-ST-ZIP DES PLAINES IL

TITLE ☐ DELETE

NAME STD  
MINTA, NORMA R  
STREET ADDRESS 18707 BOBCAT DRIVE S.W.  
CITY-ST-ZIP FT MYERS, FL 00000

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

VD  
Minta, Paul A  
3027 Fairfield Lane  
Aurora, IL 60504

14. I do 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:

*Thomas T. Minta*

941-272-4444

CR2E034 (9/96)

FILED  
Jun 17 1997 8:00am  
Secretary of State

