

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90221 009 ***150.00

0384391

DOCUMENT # F41380

1. Corporation Name

SIDNEY B. BOWNE & SON, INC.

Principal Place of Business

400 N. ASHLEY DR
SUITE 2300
TAMPA FL 33601-1288
US

Mailing Address

400 N. ASHEYL DR
SUITE 2300
TAPMPA FL 33601-1288
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1981

4. FEI Number

59-2116108

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

21 400 N. Ashley Dr.

Suite, Apt. #, etc.

22 Suite 2050

City & State

23 Tampa, FL

Zip

24 33602

Country

25 USA

2a. Mailing Address

26 400 N. Ashley Dr.

Suite, Apt. #, etc.

27 Suite 2050

City & State

28 Tampa, FL

Zip

29 33602

Country

30 USA

9. Name and Address of Current Registered Agent

BACHELLER, CHESTER E.
400 N. ASHLEY DR
SUITE 2300
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	VD	<input type="checkbox"/> DELETE
NAME	ANTETOMASO, FRANK J.	
STREET ADDRESS	63 LEONARD DR	
CITY-ST-ZIP	MASSAPEQUA NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STANTON, ROBERT A.	
STREET ADDRESS	10 KNOLLWOOD AVENUE	
CITY-ST-ZIP	BAYVILLE NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KELSEY, CHESTER C.	
STREET ADDRESS	2379 ELK COURT	
CITY-ST-ZIP	N. BELLMORE NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLACKMAN, ZABDIEL A.	
STREET ADDRESS	9 HILLCREST ROAD	
CITY-ST-ZIP	PORT WASHINGTON, NY.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FAGAN, GEORGE	
STREET ADDRESS	26 OAKLEY PLACE	
CITY-ST-ZIP	W ISLIP NY 11795	
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, with all other like empowered.

SIGNATURE:

Chester C. Kelsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)