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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # F66088



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90106 006 ***150.00

Corporation FREY PF	RINTING COMPANY, INC.						
Principal Place	e of Business	Mailing Address		 .	1 3801/80 (1/3 01/10 0//11 00/00 signit son o		6)1 A1811 B1811 1881
8414 NEBRASKA AVE. 8414 NEBRASKA AVE.							
TAMPA FL 33604 TAMPA FL 33604			*		DO MOT HIDITE IN	T. WO DOLOE	
					DO NOT WRITE IN 1 3. Date Incorporated or Qualifed	THIS SPACE	
					02/05/1982	7	
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number		Applied For
21	•	26			59-2160005		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	* -	5 Additional
22		27					Required
City & State	•	City & State		. •	6. Election Campaign Financing		00 May Be
23		28	0-1-1-1		Trust Fund Contribution		ed to Fees
—, Zip	. Country	Zip	Countr	у	8. This corporation owes the current year	ar Intangible ∐Yes	□No
24	9. Name and Address of Curre		30[Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curre	int Registered Agent	8	1 Name	It. Hame and Address of New Hogel		
GILB	BERTSON, LINDA						
8414 NEBRASKA AVE.			82	2 Street Add	ress (P.O. Box Number is Not Acceptable)		1
TAMI	PA FL -33602-0406		83	3			
	33604-0406						
			84	4 City	·	FL 85 Z	ip Code
11. Pursuant office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607,1508, Florida Statutes of Florida. Such change was aut	s, the above thorized by	ve-named com y the corporati	oration submits this statement for the purpos on's board of directors. I hereby accept the a	se of changing ppointment as	its registered registered
agent. I a	im familiar with, and accept the obliga-	ations of, Section 607.0505, Florid	da Statute	s.			}
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Florid	ga Statute		d when reinstating) DAT		
agent. I a	im familiar with, and accept the obliging	ations of, Section 607.0505, Florid	ga Statute			E S AND DIREC	CTORS IN 12
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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: