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FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90019 018 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F82911

1. Corporation Name

ORLANDO REPROGRAPHICS, INC.

Principal Place of Business

1110 SLIGH BLVD
ORLANDO FL 32806

Mailing Address

1110 SLIGH BLVD
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1982

4. FEI Number

59-2205020

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

24

25

2a. Mailing Address

26

Suite, Apt., #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WALCH, DON
1110 SLIGH BLVD.
ORLANDO FL 32806

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SHELTON, HUEY G
10130 FRANKLIN AVE
FRANKLIN PARK IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHELTON, PHILLIP
10130 FRANKLIN AVE
FRANKLIN PARK IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
WALCH, DOANLD V.
1110 SLIGH BLVD
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
KOSTOCK, MICHAEL
10130 FRANKLIN AVE
FRANKLIN PARK IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

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

CEO
Phyllis T. Shelton
8913 CHARLESTON PARK
ORLANDO, FL 32819

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

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/19/99 847
671-6150

0095055

CR2E034 (11/98)