

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90004 042 ***150.00

DOCUMENT # **F98000004697**

1. Corporation Name

SPECIALTY GRAPHIC TECHNOLOGIES, INC.

Principal Place of Business

2161 IRVINDALE DR.
CHAMBLEE GA 30341

Mailing Address

2161 IRVINDALE DR.
CHAMBLEE GA 30341

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

58-0813042

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. ☐ Yes ☐ No

2. Principal Place of Business

21 **16011 N. NEBRASKA AVE.**

Suite, Apt. #, etc.

22 **SUITE 103**

City & State

23 **LUTZ, FL.**

Zip

24 **33549**

Country

25 **USA**

2a. Mailing Address

26 **16011 N. NEBRASKA AVE.**

Suite, Apt. #, etc.

27 **SUITE 103**

City & State

28 **LUTZ, FL.**

Zip

29 **33549**

Country

30 **USA**

9. Name and Address of Current Registered Agent

BARRETT, DAN
16011 N NEBRASKA AVE., STE 103
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

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

16011 N. NEBRASKA AVE.

83

SUITE 103

84 City

LUTZ

85 State

FL

Zip Code

33549

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 **PD** ☐ DELETE
NAME **STORCH, CARL A**
STREET ADDRESS **2607 W. FONTAIN BLVD**
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE
NAME **REECE, DAVID**
STREET ADDRESS **1014 ROSEMONT PKWY**
CITY-ST-ZIP **ROSWELL GA**

TITLE **S** ☐ DELETE
NAME **STORCH, LINDA**
STREET ADDRESS **308 MILL POND RD**
CITY-ST-ZIP **ROSWELL GA**

TITLE **TD** ☒ DELETE
NAME **BARRETT, DAN**
STREET ADDRESS **2200 STETHEM FERRY**
CITY-ST-ZIP **ALPHARETTA GA**

TITLE **CD** ☐ DELETE
NAME **STORCH, H A**
STREET ADDRESS **308 MILL POND RD**
CITY-ST-ZIP **ROSWELL GA**

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

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.

SIGNATURE:

CARL A STORCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-99 813 949-7419
Date Daytime Phone #

CR2E034 (5/99)

F98000004697

Specialty Graphic Technologies, Inc.
Suite 103
16011 N. Nebraska Ave.
Lutz, Fl. 33549
(800) 753-9790

July 1, 1999

Florida Department of State
Attn: Katherine Harris
Secretary of State
Division of Corporations Annual Reports Filings
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Account Representative:

I am enclosing a check for \$150.00. This is the first time I received this notice. When I called for more information they asked to write and explain the situation.

Mr. Dan Barrett is no longer with the company. We have switched our main office address to the following:

16011 N. Nebraska Ave.
Suite 103
Lutz, Fl. 33549

If you have any questions please call us. Our phone number is (813) 949-7905.

Sincerely:

A handwritten signature in cursive script that reads "Carl Storch". The signature is written in dark ink and is positioned above the printed name of the signatory.

Carl Storch, President and Treasurer