

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90162 041 ***150.00

DOCUMENT # **G07766**

1. Corporation Name
ACTION SCREEN PRINTING, INC.



Principal Place of Business
**ACTION SCREEN PRINTING
1650 FOREST AVENUE
LONGWOOD FL 32750
US**

Mailing Address
**1650 FOREST ST
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1982

4. FEI Number

59-2225350

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

21 881 West Warren Avenue

Suite, Apt. #, etc.

22

City & State

23 Longwood, FL

Zip

24 32750

Country

25 USA

2a. Mailing Address

26 881 West Warren Avenue

Suite, Apt. #, etc.

27

City & State

28 Longwood, FL

Zip

29 32750

Country

30 USA

9. Name and Address of Current Registered Agent

**WILLIAMS, MCGUIRE, & BRAGG
255 SOUTH ORANGE AVENUE
SUITE 1301
ORLANDO, FL 32801**

81 Name

T. Scott Frazier

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

255 South Orange Avenue

83

Suite 1501

84 City

Orlando

FL

85 Zip Code

32801

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

(T. Scott Frazier)

2/4/99

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 **VT** ☒ DELETE
NAME **JAY, RICHARD H**
STREET ADDRESS **1650 FOREST STREET**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **PSD** ☐ DELETE
NAME **JAY, GAIL**
STREET ADDRESS **1650 FOREST STREET**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **GM** ☐ DELETE
NAME **SCHNEIDER, ROBERT**
STREET ADDRESS **102 VALLEY RD**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Robert Schneider**
1.3 STREET ADDRESS **881 West Warren Avenue**
1.4 CITY-ST-ZIP **Longwood, FL 32750**

2.1 TITLE **T** ☐ Change ☒ Addition
2.2 NAME **Joe Cullen**
2.3 STREET ADDRESS **881 West Warren Avenue**
2.4 CITY-ST-ZIP **Longwood, FL 32750**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **Faye Patterson**
3.3 STREET ADDRESS **881 West Warren Avenue**
3.4 CITY-ST-ZIP **Longwood, FL 32750**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Gail Jay**
4.3 STREET ADDRESS **881 West Warren Avenue**
4.4 CITY-ST-ZIP **Longwood, FL 32750**

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, with all other like empowered.

SIGNATURE:

Gail W. Jay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/99

339-8100
804-9970

CR2E034 (11/98)

0074063