


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90111 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G83090</b>					
1. Corporation Name <b>GRAPHIC EQUIPMENT SERVICE, INC.</b>					
Principal Place of Business <b>4912 PETRA CT. WINTER SPRINGS FL 32708</b>			Mailing Address <b>4912 PETRA CT. WINTER SPRINGS FL 32708</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/02/1984</b>	
21		26		4. FEI Number <b>59-2382531</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29			
Zip			Country		
25		30			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>COYLE, PATRICK R. 4912 PETRA CT. WINTER SPRINGS FL 32708</b>			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			<b>FL</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	<b>COYLE, PATRICK R.</b>				
STREET ADDRESS	<b>4912 PETRA CT.</b>				
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>				
TITLE	VTS <input type="checkbox"/> DELETE				
NAME	<b>COYLE, CAROL J.</b>				
STREET ADDRESS	<b>4912 PETRA COURT</b>				
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
11 TITLE					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 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:

Patrick R. Coyle

3-15-99

407-695-6282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)