

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90255 008 ***150.00

DOCUMENT #

1. Corporation Name

G91255

PDQ GRAPHICS & PRINTING, INC.

Principal Place of Business

Mailing Address

2975 BEE RIDGE ROAD
SUITE C
SARASOTA FL 34239
US

2975 BEE RIDGE ROAD
SUITE C
SARASOTA FL 34239
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1984

4. FEI Number

59-2387647

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 **3545 WEBBER STREET**

Suite, Apt. #, etc.

22

City & State

23 **SARASOTA FL**

Zip

24 **34239**

Country

25 **US**

2a. Mailing Address

26 **C/O CHRISTIANSEN & DEHNER, P.A.**

Suite, Apt. #, etc.

27 **63 SARASOTA CENTER BLVD SUITE 107**

City & State

28 **SARASOTA FL**

Zip

29 **34240**

Country

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTIANSEN & DEHNER, P. A.
2975 BEE RIDGE ROAD
SUITE C
SARASOTA FL 34239

81 Name

82 **CHRISTIANSEN & DEHNER, P.A.**
Street Address (P.O. Box Number is Not Acceptable)

83 **63 SARASOTA CENTER BLVD SUITE 107**

84

City
SARASOTA

FL

85 Zip Code
34240

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

Scott R. Christiansen
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

V.P. SCOTT R. CHRISTIANSEN

3/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MAKI, JAMES A.	
STREET ADDRESS	3545 WEBBER ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MAKI, PATRICIA J.	
STREET ADDRESS	3545 WEBBER ST.	
CITY-ST-ZIP	SARASOTA FL	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James A. Maki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/99 (941) 923-2901

Daytime Phone #

GR2E034-4198