## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

J62394 **DOCUMENT #** 

(8)

LITHO/FILM SERVICE, INC.



Principal Place of Business Mailing Address							1 1091108 0116 01110 01006 16/10 19/11	8181 8181 <b>3</b> 181 <b>8</b>	#16 #1 <b>8</b> 11 <b>(</b>	)+#+  <b>#</b>   <b>#</b>    <b>  # </b>	
			002 JET PORT INDUSTRIAL BLVD.								
TAMPA FL 33	634	TAMPA FL 3363	•								
							3. Date incorporated or Qualified 03/18/1987	3a. Date of 04/2	Last Re 21/199		
2. Principal Pla	ace of Business	2a. Mailing Addre	2a. Mailing Address 26			,	4. FEI Number 59-2813768	1. 4.4			
Suite, Apt. #	ŧ, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	<del>} </del>				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		Zip	F				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes, No.				
24	g. Name and Address of Curre	29 30				Florida Statutes Yes, No  10. Name and Address of New Registered Agent					
	g. Name and Address of Cure	nt negistered Agent		81	Nan	ne	IU. Ivaille and Address of New I	egistered Ag	OIIL		
HARPLEY, R. JAY						et Address (P.O. Box Number is Not Acceptable)					
1602 WE	EST SLIGH AVENUE, SUITE 100	)			300	real Audiese (1.10. Dol. Million of No. 100 spinolog)					
IAMPA I	FL 33609			83					7:	- 0	
				84	City			FL	<b>85</b> Zir	p Code	
familiar wit SIGNATURE	ed agent, or both, in the State of Flo th, and accept the obligations of, Sec Signature, typed or printed name of registered age	ction 607.0505, Florida S	Uthorized by the statutes. (NOTE Register)				of directors. I hereby accept the app	DATE DATE		- agent. 1 am	
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF				
ĭıTL€	PTS	☐ DELE						L	Change	Addition	
NAME	MORGAN, RAYMOND F.	פוטים		IAME							
STREET ADDRESS	6002 jet port industria    tampa fl	L DLYD			ADDRE:	SS					
CITY-ST-ZIP TITLE	D IAMPA FL	DELE		HTTLE	ST-ZIP			П	Change	☐ Addition	
NAME	MORGAN, RAYMOND F.			IAME							
STREET ADDRESS	6002 JET PORT INDUSTRIA	L BLVD			I ADORE	ss					
CITY-ST-ZIP	TAMPA FL				ST-ZIF						
TITLE		☐ DELE		TITLE					Change	☐ Addition	
NAME			321	NAME						ļ	
STREET ADDRESS			33	STREE	I ADDRS	SS					
CITY-ST-ZIP					ST-ZIP				0		
TITLE		☐ DELE	1	TITLE				LJ	Change	☐ Addition	
NAME				NAME							
STREET ADDRESS					T ADORE	55					
CITY-ST-ZIP TITLE		☐ DELE		CITY - S TITLE	ST-ZIP				Change	☐ Addition	
NAME			1	AME				Ц	J. 4.190		
STREET ADDRESS					t addre	22				1	
CITY-ST-ZIP					1 ADDRE \$1 - ZIP	~				ļ	
TITLE		☐ DELI		TITLE		-		ſ	Change	☐ Addition	
NAME		L 5000		NAME				_	-		
STREET ADDRESS					t addre	SS					
City-ST-ZiP					ST-ZIP						
0111 01 21	<del></del>		11 . 4			.07. 7	the expending stated in Coation 110	07/01/14 Fig.:	do Chak	too 16 other	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 early 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 13 if changed, or on an attachment with an address.

SIGNATURE: KAYMOND F. Morgan Jr. GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR