

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

DOCUMENT # K06116

1. Corporation Name

PSA/GRAFTEK, INC.

Principal Place of Business

% ROBERT W. SPEAREL JR.
13702 COUNTRY COURT DRIVE
TAMPA FL 33625

Mailing Address

% ROBERT W. SPEAREL JR.
13702 COUNTRY COURT DRIVE
TAMPA FL 33625

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90129 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1987

4. FEI Number

59-2861461

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 % KAREN SPEAREL

2a. Mailing Address

26 % KAREN SPEAREL

Suite, Apt. #, etc.

22 13702 Country Court Dr.

Suite, Apt. #, etc.

27 13702 Country Court Dr.

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip

24 33625

Country

25 USA

Zip

29 33625

Country

30 USA

9. Name and Address of Current Registered Agent

SPEAREL, KAREN A
13702 COUNTRY COURT DRIVE
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 DP
NAME SPEAREL, KAREN A
STREET ADDRESS 13702 COUNTRY COURT DR.
CITY-ST-ZIP TAMPA FL 33625

☐ DELETE

TITLE DVT
NAME SPEAREL, JANET G.
STREET ADDRESS 13702 COUNTRY COURT DR.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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, with all other like empowered.

SIGNATURE:

Janet G. Spearel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

8(13) 961-7320
8(13) 273-3642

Date

Daytime Phone #

CR2E034 (1/98)