


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90233 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K06470

1. Corporation Name
LINOGRAPHICS, INC.



Principal Place of Business
617 N. MAGNOLIA AVE
ORLANDO FL 32801-8326
US

Mailing Address
617 N. MAGNOLIA AVE
ORLANDO FL 32801-8326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1987

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2861452

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**

23

28

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, WILLIAM W.
1309 E. ROBINSON ST.
ORLANDO FL 32801-2191

81 Name

GARY MICHAEL

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

617 N. MAGNOLIA

83

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

Gary Michael
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PTD
MICHAEL, GARY
617 N. MAGNOLIA AVENUE
ORLANDO FL

TITLE ☐ DELETE
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 STREET ADDRESS
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SIGNATURE:

Gary Michael
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY MICHAEL

Date

4/28/99

Daytime Phone #

407-422-6500

CR2E034 (11/98)