

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90022 030 ***150.00

DOCUMENT # L00054

1. Corporation Name

PARAMOUNT MILLER GRAPHICS, INC.

Principal Place of Business

5299 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US

Mailing Address

5299 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1989

4. FEI Number

59-2962266

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MILLER, ROBERT L
121 W FORSYTH ST
SUITE 200
JACKSONVILLE FL 32202

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 D ☐ DELETE

NAME MILLER, ROBERT L.
STREET ADDRESS 121 W FORSYTH ST #200
CITY-ST-ZIP JACKSONVILLE FL

TITLE DC ☐ DELETE

NAME WALTHER, FREDERICK S
STREET ADDRESS 5299 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV ☐ DELETE

NAME WALTHER, MICHAEL J
STREET ADDRESS 5299 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV ☐ DELETE

NAME WALTHER, JOHN J
STREET ADDRESS 5299 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME DAHL, ROBERT J
STREET ADDRESS 5299 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME STEIN, ROBERT L
STREET ADDRESS 121 W FORSYTH ST #200
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME GEORGE BROOKSHIRE
1.3 STREET ADDRESS 121 W FORSYTH ST #200
1.4 CITY-ST-ZIP JACKSONVILLE FL 32202

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Martin Kulchin
2.3 STREET ADDRESS 5299 ST Augustine Rd
2.4 CITY-ST-ZIP Jacksonville FL 32207

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME John Cummins
3.3 STREET ADDRESS 5299 ST Augustine Rd
3.4 CITY-ST-ZIP Jacksonville FL 32207

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:

Martin Kulchin

Date

4/16/99

Daytime Phone #

904 4481700

CR2E034 (11/98)