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Secretary of State

03-01-1999 90251 002 ***300.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00968

1. Corporation Name

CORPORATE PRINTING CO., INC.



Principal Place of Business

**6206 BENJAMIN ROAD
TAMPA FL 33634**

Mailing Address

**6206 BENJAMIN ROAD
TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1989

4. FEI Number

59-2960668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**WILLIAMSON, JOHN A
601 N FRANKLIN ST
FOURTH FLOOR
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

WILLIAMSON, JOHN A

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

2503 W. SWANN AVENUE

83

84 City

TAMPA

FL

85 Zip Code

33609

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CALMBACHER, WILLIAM A
601 N FRANKLIN ST, FOURTH FLOOR
TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CALMBACHER, WILLIAM A
601 N FRANKLIN ST, FOURTH FLOOR
TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CALMBACHER, WILLIAM A
601 N FRANKLIN ST, FOURTH FLOOR
TAMPA FL**

TITLE
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TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CALMBACHER, WILLIAM A
601 N FRANKLIN ST, FOURTH FLOOR
TAMPA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

WILLIAM A. CALMBACHER

1-8-99

CR2E034 (11/98)