

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L37849

(1)

1. Corporation Name

ORLANDO LITHO SUPPLY, INC.

Principal Place of Business

410 NORTH STREET #186  
LONGWOOD FL 32750  
US

Mailing Address

ORLANDO LITHO SUPPLY INC.  
P.O. BOX 2110  
LONGWOOD FL 32752  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/01/1989

3a. Date of Last Report

04/23/1996

4. FEI Number

59-2988039

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

YOUNG, CHARLES  
410 NORTH STREET #186  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name KIRNIE, George J. SR  
82 Street Address (P.O. Box Number is Not Acceptable)  
165 COSTA Circle  
83  
84 City Winter Springs FL 85 Zip Code 32708

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

*George J. Kirnie Sr.*

GEORGE J. Kirnie Sr.

4-9-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                             |  |
|-----------------|-----------------------------|--|
| TITLE           | P                           | <input type="checkbox"/> DELETE            |
| NAME            | YOUNG, CHARLES              |  |
| STREET ADDRESS  | 410 NORTH STREET #186       |  |
| CITY - ST - ZIP | LONGWOOD FL                 |  |
| TITLE           | D                           | <input type="checkbox"/> DELETE            |
| NAME            | KIRNIE, GEORGE J.           |  |
| STREET ADDRESS  | 410 NORTH STREET, SUITE 186 |  |
| CITY - ST - ZIP | LONGWOOD FL                 |  |
| TITLE           | D                           | <input checked="" type="checkbox"/> DELETE |
| NAME            | KIRNIE, IRIS G.             |  |
| STREET ADDRESS  | 410 NORTH STREET, SUITE 186 |  |
| CITY - ST - ZIP | LONGWOOD FL                 |  |
| TITLE           | D                           | <input checked="" type="checkbox"/> DELETE |
| NAME            | METZLER, LUCILLE B.         |  |
| STREET ADDRESS  | 410 NORTH STREET, SUITE 186 |  |
| CITY - ST - ZIP | LONGWOOD FL                 |  |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                         |  |
|---------------------|-------------------------|--|
| 1.1 TITLE           | DIRECTOR                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | YOUNG, CHARLES          |  |
| 1.3 STREET ADDRESS  | 4710 S. 129th Street    |  |
| 1.4 CITY - ST - ZIP | OMAHA NEB. 68137        |  |
| 2.1 TITLE           | PRESIDENT               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | KIRNIE, GEORGE J. SR.   |  |
| 2.3 STREET ADDRESS  | 165 COSTA Circle        |  |
| 2.4 CITY - ST - ZIP | WINTER SPRINGS FL 32708 |  |
| 3.1 TITLE           | SECRETARY               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | KIRNIE, JULIE J         |  |
| 3.3 STREET ADDRESS  | 626 HUNTER LANE         |  |
| 3.4 CITY - ST - ZIP | WINTER SPRINGS FL 32708 |  |
| 4.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                         |  |
| 4.3 STREET ADDRESS  |                         |  |
| 4.4 CITY - ST - ZIP |                         |  |
| 5.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                         |  |
| 5.3 STREET ADDRESS  |                         |  |
| 5.4 CITY - ST - ZIP |                         |  |
| 6.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                         |  |
| 6.3 STREET ADDRESS  |                         |  |
| 6.4 CITY - ST - ZIP |                         |  |

14. I do 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.

SIGNATURE:

*Julie J. Kirnie*

4-9-97

407-260-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0616326

CR2E034 (9/96)