

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**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90029 033 \*\*\*150.00

**DOCUMENT # L47993**

1. Corporation Name  
**PRINTRONICS, INC.**

Principal Place of Business

825 NW 23 AVE  
BUILDING 1-A  
GAINESVILLE FL 32609  
US

Mailing Address

825 NW 23 AVE  
BUILDING 1-A  
GAINESVILLE FL 32609-3569  
US

2. Principal Place of Business

21 **1648 NW 19th Circle**

Suite, Apt. #, etc.

22

City & State

23 **Gainesville, FL**

Zip

24 **32605**

Country

25 **US**

2a. Mailing Address

26 **P.O. Box 5218**

Suite, Apt. #, etc.

27

City & State

28 **Gainesville, FL**

Zip

29 **32627-5218**

Country

30 **US**

9. Name and Address of Current Registered Agent

LYNCH, WILLIAM R.  
825 NW 23RD AVE  
BUILDING 1-A  
GAINESVILLE FL 32609

3. Date Incorporated or Qualified

**02/01/1990**

4. FEI Number

**59-2986122**

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

10. ~~Name and~~ Address of ~~Now~~ Registered Agent

81 Name

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

**1648 NW 19th Circle**

83

84 City

**Gainesville**

**FL**

85 Zip Code

**32605**

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 **P** ☐ DELETE

NAME **LYNCH, WILLIAM, R**  
STREET ADDRESS **1648 NW 19TH CIRCLE**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **V** ☐ DELETE

NAME **LYNCH, HELEN, M**  
STREET ADDRESS **1648 NW 19TH CIRCLE**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**32605**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**32605**

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:

*Helen M. Lynch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-99**

Date

**352-335-7496**

Daytime Phone #

CR2E034 (11/98)

0063660