

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

02 JUL 14 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # L65849 ✓

1. Corporation Name

MARTINDALE'S PRINTING COMPANY

Principal Place of Business

% DORMAN A. MARTINDALE
8860 WOODVILLE HIGHWAY
TALLAHASSEE FL 32311

Mailing Address

% DORMAN A. MARTINDALE
8860 WOODVILLE HIGHWAY
TALLAHASSEE FL 32311

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

04/17/1990

4. FEI Number

59-3007583

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.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINDALE, DAVID A.
8860 WOODVILLE HIGHWAY
TALLAHASSEE FL 32311

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 VP ☐ DELETE

NAME MARTINDALE, DAVID A.

STREET ADDRESS 9 BEECHWOOD DR

CITY-ST-ZIP CRAWFORDVILLE FL

TITLE P ☐ DELETE

NAME MARTINDALE, LINDA M.

STREET ADDRESS 9 BEECHWOOD DR

CITY-ST-ZIP CRAWFORDVILLE 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

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

☐ Change ☐ Addition

600002942766

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****150.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 a address.

SIGNATURE:

DAVID A. MARTINDALE

7-10-99

421-2823

CR2E034 (5/99)

2

**LOUIS A. (Sonny) JONES
AND ASSOCIATES**
Certified Public Accountants
Member AICPA

6264 Old Water Oak Road • Tallahassee, Florida 32312
2140 Crawfordville Highway • Post Office Box 1205 • Crawfordville, Florida 32326

Tallahassee (850) 893-8881
Crawfordville (850) 926-6079



Staff:
Jane E. Brand CPA
Christopher B. Brooks CPA

July 9, 1999

Florida Department of State
Division of Corporations
Tallahassee, Florida

RE: Martindale's Printing Company

Dear Sir and/or Madam

Enclosed please find a check in the amount of \$150.00 for the 1999 annual report. I hereby respectfully request an abatement of the late filing penalty. Due to an oversight and miscommunication from our office and our client referred to above, payment was not made on a timely basis.

It is our belief as well as our client, that all fees, taxes and licenses such as this be made on a timely basis. We have taken corrective action to assure this will not happen in the future.

Any consideration will be greatly appreciated.

Sincerely,

Louis A. Jones, CPA

For:

David Martindale
Martindale's Printing Company