

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 21 1998 8:00am
Secretary of State

DOCUMENT # **L85547** (2)

1. Corporation Name

**MAGICOLOR GRAPHIC DESIGN & PRINTING SERVICES, IN
C.**

Principal Place of Business

**3730 AGATE COURT
SANIBEL FL 33957
US**

Mailing Address

**P.O BOX 476
SANIBEL FL 33957
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/26/1990

4. FEI Number

65-0201972

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**MILLER, MARLOW
3730 AGATE CT
SANIBEL FL 33957**

81 Name

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

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **D TOLLETTE, THOMAS A.**
STREET ADDRESS **705 S NEWPORT**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D MILLER, MARLOW L JR**
STREET ADDRESS **3730 AGATE COURT**
CITY-ST-ZIP **SANIBEL FL**

TITLE ☐ DELETE

NAME **DP STONE, BRIDGIT M**
STREET ADDRESS **701 N SCHOOL**
CITY-ST-ZIP **NORMAL IL**

TITLE ☐ DELETE

NAME **S MILLER, MICHELE**
STREET ADDRESS **2933 FISH HATCHERY ROAD, UNIT 4**
CITY-ST-ZIP **MADISON WI**

TITLE ☐ DELETE

NAME **V JOHNSON, BRENDA H**
STREET ADDRESS **9416 BEVERLY LANE**
CITY-ST-ZIP **SANIBEL FL**

TITLE ☐ DELETE

NAME **T MILLER, MARLOW L III**
STREET ADDRESS **15461 RIVER-BY ROAD**
CITY-ST-ZIP **FORT MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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, upon attachment with an address.

CR2E034 (10/97)