

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
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90079 045 ***150.00

DOCUMENT # L85547

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

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

☐

Trust Fund Contribution

\$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

16956 McGregor Boulevard

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Unit 1

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33908

Country

US

Zip

33908

Country

US

9. Name and Address of Current Registered Agent

MILLER, MARLOW
3730 AGATE CT
SANIBEL FL 33957

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 D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE DP ☐ DELETE

NAME STONE, BRIDGIT M
STREET ADDRESS 704 N SCHOOL
CITY-ST-ZIP NORMAL IL

TITLE S ☐ DELETE

NAME MILLER, MICHELE
STREET ADDRESS 2033 FISH HATCHERY ROAD, UNIT 4
CITY-ST-ZIP MADISON WI

TITLE V ☐ DELETE

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

TITLE T ☐ DELETE

NAME 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

16956-1 McGregor Blvd.
Fort Myers, FL 33908

4901 Chalet Gardens Road, #109
Fitchburg, WI 53722

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:

Signature, typed or printed name of signing officer or director
Marlow L. Miller III, Treasurer

31 March 99

Date

941 437 1222

Daytime Phone #

CR2E034 (11/98)