

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90020 037 ***150.00

DOCUMENT # P33071

1. Corporation Name
1000 PRINTS, INC.

Principal Place of Business
**PO BOX 825
CARRABELLE FL 32322-0825
US**

Mailing Address
**PO BOX 825
CARRABELLE FL 32322-0825
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1991

4. FEI Number

25-1235777

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROUTA, ROBERT A.
HIGHWAY 319
CRAWFORDVILLE FL 32327**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JAMES A.	1.2 NAME	
STREET ADDRESS	P.O. BOX 825, RT. 98 W N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARRABELLE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, NANCY A.	2.2 NAME	
STREET ADDRESS	P.O. BOX 825, RT. 98 W N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARRABELLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MARK A.	3.2 NAME	GREEN, MARK A.
STREET ADDRESS	RT 8 BOX 111-C	3.3 STREET ADDRESS	121 EAST LIESURE AVE
CITY-ST-ZIP	SLIPPERY ROCK PA	3.4 CITY-ST-ZIP	NEW CASTLE, PA 16101-2326
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/98

Date

850-697-3133

Daytime Phone #

CR2E034 (11/98)