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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90197 041 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P92000009159**

1. Corporation Name

**PREMIER PRINTING, INC.**



Principal Place of Business

2156 SO. 3RD STREET  
JACKSONVILLE BEACH FL 32224  
US

Mailing Address

2156 SO. 3RD STREET  
JACKSONVILLE BEACH FL 32224  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1992

4. FEI Number

59-3158029

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

21 Suite, Apt. #, etc.

22 City & State

24 Zip 32250 25 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 32250 30 Country

9. Name and Address of Current Registered Agent

BIJCH, ROBERT L  
369 SOUTH CENTER STREET  
BALDWIN FL 32234

10. Name and Address of New Registered Agent

81 Name William D. Lee  
82 Street Address (P.O. Box Number is Not Acceptable)  
14 Turtleback Tr.  
83 Ponte Vedra Beach  
84 City FL 85 Zip Code 32082

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

William D. Lee

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LEE, WILLIAM D  
STREET ADDRESS 14 TURTLEBACK TR  
CITY-ST-ZIP PONTE VEDRA BCH FL 32250

TITLE ST  
NAME LEE, CHERIE W  
STREET ADDRESS 14 TURTLEBACK TR  
CITY-ST-ZIP PONTE VEDRA BCH FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

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:

William D. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

704-241-3252

Daytime Phone #

CR2E034 (11/98)