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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

| | 1999 DIVISION OF CORPORATIONS | | | | | 03-23-1999 90065 035 ***150.00 | |
|---|----------------------------------|---|---------------------|----------------------|--|--------------------------------|--|
| DOCUMENT # P9300000213 1. Corporation Name | | | | | | | |
| ACTION | PRINTERS, INC. | | | | | | |
| ! ! | · | | | | | | |
| Principal Place | of Business | | Mailing Address | | | | |
| 1642 DIXIE HWY VERO BEACH FL 32960 1642 DIXIE HWY VERO BEACH FL 32960 | | | | | | | DO NOT WRITE IN THIS SPACE |
| £. | * | | _ | | | _= | 3. Date Incorporated or Qualifed |
| | | | | | | | 01/01/1993 |
| Principal Place of Business 2a. Mailing Address | | | | • | | | 4. FEI Number Applied For |
| 21 | 26 | | | | | | 59-3160510 Not Applicable |
| Suite, Apt. #, etc. Suite | | | Suite, Apt. #, etc. | uite, Apt. #, etc. | | | 5. Certifcate of Status Desired See Required Fee Required |
| City & State | City & State City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | 28 | | | | Trust Fund Contribution Country 8 This corporation owes the cur | | Trust Fund Contribution Added to Fees |
| Zip | Country | <u> </u> | ⊢ '' , | | | | 8. This corporation owes the current year Intangible Personal Property Tax Yes No |
| 24 | 9. Name and Addres | 29 | | <u> </u> | | | Personal Property Tax. Yes UNO 10. Name and Address of New Registered Agent |
| - | 9, Name and Addres | ss or current key | Istered Agent | 1 | 81 | Name | 10. |
| RAYMOND, JOHN J JR | | | | | | | |
| 1200 NORTH FEDERAL HIGHWAY, #411 | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | BOCA RATON FL 33432 | | | | 83 | | |
| Ī | • | | | L | | | |
| | • | | | | 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 re- 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE | Signature, typed or printed name | | | Registered A | Agent s | signature requ | quired when reinstating) DATE |
| 12. | 0 | FFICERS AND DIF | | 13. | | · | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE ' | D | | ☐ DELETE | 1.1 ∓ITL | | | |
| NAME : | BARRETT, KIM É | | | 1.2 NAM | | | |
| STREET ADDRESS | i | | | 1.3 STR | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP. | VERO BEACH FL 3 | <u> 2960 </u> | C) pr. 576 | 1.4 CM | | ZIP | ☐ Change ☐ Addition |
| TITLE | D | | DELETE | 2.1 1111 | | - | Counting |
| NAME : | SHARON K SCHRO | IEDĘR | | 2.2 NAN | | | - |
| STREET ADDRESS | 1642 DIXIE HWY | | | | | DDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | | ☐ DELETÉ | 2. 4 CIT | | ZIP | ` Change |
| TITLE ' | | | C) DELETE | | | | |
| NAME | | | | 3.2 NAM | | UDDEce | , |
| STREET ADDRESS | | | | 1 | | DDRESS | |
| CITY-ST-ZIP | | | ☐ DELETE | 3.4. CIT 4.1 TITL | | LIF | ☐ Change ☐ Addition |
| TITLE | | | J 5222.15 | 4. 2 NA | | | |
| NAME OTDEET ADDITION | | | | | | DORESS | |
| STREET ADDRESS | | | | 4.4 CIT | | - (| |
| CITY-ST-ZIP. | | | ☐ DELETE | 5.1 TITL | | | ☐ Change ☐ Addition } |
| NAME | *. | | | 5.2 NAM | | | |
| STREET ADDRESS | | | | 5.3 STR | REET A | ODRESS | |
| OTTY OF THE | | | | 5.4 CIT | | | |

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

Change

☐ Addition