

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P93000014341** ✓

1. Corporation Name

**THE CARTRIDGE SOURCE, INC.**

Principal Place of Business

**305 MEARS BLVD  
OLDSMAR FL 34677  
US**

Mailing Address

**PO BOX 12207  
OLDSMAR FL 34677-0207  
US**

2. Principal Place of Business

**21 35651 SR 537**

Suite, Apt. #, etc.

**22**

**City & State  
Graysville OHio**

**Zip  
45734**

**Country  
USA**

2a. Mailing Address

**26 Same**

Suite, Apt. #, etc.

**27**

**City & State**

**Zip**

**Country**

**30**

9. Name and Address of Current Registered Agent

**WHITACRE, KOY L  
305 MEARS BLVD  
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/15/1993**

4. FEI Number

**59-3163242**

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. ☐ Yes ☒ No

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 *Lisa H. Jones, Secretary*

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

*LISA H. JONES*

(NOTE: Registered Agent signature required when reinstating)

**7.6.99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WHITACRE, KOY L**  
STREET ADDRESS **305 MEARS BLVD**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **ST** ☐ DELETE

NAME **JONES, LISA A**  
STREET ADDRESS **305 MEARS BLVD**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **VP** ☐ DELETE

NAME **GARDNER, JENNIFER L**  
STREET ADDRESS **305 MEARS BLVD**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

SIGNATURE: *Lisa H. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7.6.99**

Date

**740.934.2331**

Daytime Phone #

CR2E034 (5/99)