

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

FILED  
Aug 02, 1999 8:00 am  
Secretary of State  
08-02-1999 90013 023 \*\*\*150.00

DOCUMENT # P94000009687  
1. Corporation Name  
ON PRESS PRINTING, INC.

Principal Place of Business  
4625 N MANHATTAN AVE  
SUITE G  
TAMPA FL 33614  
US

Mailing Address  
4625 N MANHATTAN AVE  
STE G  
TAMPA FL 33614  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/28/1994

4. FEI Number  
59-3220708

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

2. Principal Place of Business	2a. Mailing Address
21 3903 Northdale Blvd.	26 3903 Northdale Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 124 E	27 Suite 124 E
City & State	City & State
23 Tampa, FL	28 Tampa, FL
Zip	Zip
24 33624	29 33624
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JORDAN, GENE A JR. 6901 ARABIAN RD ODESSA FL 33556		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 *Gene A. Jordan* (NOTE: Registered Agent signature required when reinstating) DATE 7/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, GENE A JR.	1.2 NAME	
STREET ADDRESS	6901 ARABIAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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.

SIGNATURE: *Gene A. Jordan* REQUIRED DATE 7/29/99 DAYTIME PHONE #

CR2E034 (5/99)

599734-90013-23  
P94000009687

July 29, 1999

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document #P94000009687  
FEIN 59-3220708

Dear Sir or Madam:

Our company moved offices around the first of this year. The 2nd Notice was the first form mailed to our current address for the 1999 Profit Corporation Annual Report. I called today and spoke with someone in your office and explained what happened. She instructed me to send the normal \$150.00 (without the late fees) along with this letter of explanation.

Please feel free to contact me at 813-964-1505 if you need any other information.

Sincerely,

*Edie Lamb*

Edie Lamb  
Office Manager

onpress