

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90241 034 ***150.00

DOCUMENT # P94000010795

1. Corporation Name
MIRANDA PRESS, INC.

Principal Place of Business
1894 PARADISE LANE
CLEARWATER FL 33756
US

Mailing Address
1894 PARADISE LANE
CLEARWATER FL 33756
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/04/1994

4. FEI Number
59-3221691

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 1196 Hickory DR.

Suite, Apt. #, etc.

22

City & State

23 Largo, FL

Zip

24 33770

Country

2a. Mailing Address

26 1196 Hickory DR.

Suite, Apt. #, etc.

27

City & State

28 Largo, FL

Zip

29 33770

Country

30

9. Name and Address of Current Registered Agent

DAVIDSON, LLOYD T
1894 PARADISE LANE
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name
Lloyd Davidson

82 Street Address (P.O. Box Number is Not Acceptable)
1192 Broward St.

83

84 City
Clearwater FL 85 Zip Code
33770

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

Lloyd T. Davidson Pres.

1/31/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DAVIDSON, LLOYD T
STREET ADDRESS
1894 PARADISE LANE
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
DAVIDSON, LLOYD T
STREET ADDRESS
1894 PARADISE LANE
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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, with all other like empowered.

SIGNATURE:

LLOYD T. DAVIDSON Pres.

1/31/99

(727) 461-4955

Date

Daytime Phone #

CR2E034 (11/98)

0419110