

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 90210 023 ***150.00

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DOCUMENT # P94000056340

1. Corporation Name

SAN JOSE QUALITY PRINTING, INC.

Principal Place of Business

10594 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257
US

Mailing Address

10594 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1994

4. FEI Number

59-3263144

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 10635 Old St. Aug. Rd
Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip Country

24 32257 25 USA

2a. Mailing Address

26 P.O. Box 600107

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip Country

29 32260 30 USA

9. Name and Address of Current Registered Agent

POLLARD, SHARON L
10594 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name POLLARD, Sharon L.

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

10635 Old St. Augustine Rd.

83

84 City Jacksonville

FL

85 Zip Code 32257

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

Sharon L. Pollard

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/99

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME POLLARD, SHARON L
STREET ADDRESS 10594 OLD ST AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Sharon L. Pollard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/99 (904) 268-8081

CR2E034 (11/98)