## 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

## DOCUMENT # P94000057263

EXTRA EXTRA GRAPHICS, INC.

LAHIAL	ATTIA GITALTITOS, INC.						
Principal Place	e of Business	Mailing Address	<del></del>		f innsinne lift fühlt nanit annit annit annit	######################################	830 BJ108 3113 1801
3000 16TH STREET N         3000 16TH STREET N           ST. PETERSBURG FL 33704         ST. PETERSBURG FL 33704           US         US					DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified			
					08/03/1994		
Principal Place of Business     2a. Mailing Address					4. FEI Number		Applied For
			0666	9	59-3258652		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	۔ آ⊸	L	5. Certificate of Status Desired		Additional Required
City & Stat	e O	City & State 28 33784 - 0666	υ.	usa	Election Campaign Financing     Trust Fund Contribution		<b>0</b> May Be
Zip 24	Country 25	Zip 30	Country	•	This corporation owes the current year     Personal Property Tax.	ar Intangible	□No
	9. Name and Address of Current		1		10. Name and Address of New Registe	ered Agent	
			81	Name			
VOORHIS, JOHN L 1847 BONITA WAY S				82 Street Address (P.O. Box Number is Not Acceptable)			
ST PETERSBURG FL 33712						<del></del>	
٠, ٠	2,2,020,00		83				
			84	City		FL 85 Z	ip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	ionzed by	the corporati	poration submits this statement for the purpo on's board of directors. I hereby accept the a	se of changing appointment as	registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTF: Re	aistered Agen	t signature require	ed when reinstating) DA	TE	ì
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Chang	
NAME	VOORHIS, JOHN L		1.2 NAME				ļ
STREET ADDRESS	1847 BONITA WAYS		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			T-ZIP		33717	٤.
TITLE	D	☐ DELETE	2.1 TITLE		,	☐ Chang	
NAME	VOORHIS, JILL	_ ::	2.2 NAME				ì
STREET ADDRESS	ANT BONIES WAY O		2.3 STREET	ADDRESS	,		}
	ST. PETERSBURG FL		2.4 CITY-5			33712	<u></u> .
CITY-ST-ZIP TITLE	OI. TETERODORIO TE	☐ DELETE	3,1 TITLE			Chang	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			l
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE		•	Chang	ge
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chang	ge 🗌 Addition
NAME			5.2 NAME			*	ļ
STREET ADDRESS			5.3 STREET	ADDRESS			ļ

14. I hereby certify that the information supplied with this fiting 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 of the reasoner optruspee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, you are attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TTLE

6.2 NAME

SIGNATURE:

CITY-ST-ZiP

STREET ADORESS

TITLE

NAME

☐ DELETE

☐ Change

Addition

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90044 015 \*\*\*150.00