

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 90124 040 ***150.00

DOCUMENT # P94000063000

1. Corporation Name
SUNRISE PREPRESS, INC.

Principal Place of Business

3369 TANSEY CT
TALLAHASSEE FL 32308
US

Mailing Address

3369 TANSEY CT
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1994

4. FEI Number

59-3256317

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

21 327 Office Plaza Drive

Suite, Apt. #, etc.

22 109

City & State

23 Tallahassee FL

Zip

24 32301

Country

25 USA

2a. Mailing Address

26 3369 Tansey Ct

Suite, Apt. #, etc.

27

City & State

28 Tallahassee FL

Zip

29 32308

Country

30 USA

9. Name and Address of Current Registered Agent

ALLEWELT, SHARON L.
3369 TANSEY CT
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name Sharon L Crews

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

3369 Tansey Ct

83

84 City Tallahassee FL

85 Zip Code

32308

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 Crews

2.19.99

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 V ☐ DELETE

NAME ALLEWELT, JOAN L.
STREET ADDRESS 2204 MONACO DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE PST ☐ DELETE

NAME ALLEWELT, SHARON L
STREET ADDRESS 3369 TANSEY CT
CITY-ST-ZIP TALLAHASSEE FL

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 V ☒ Change ☐ Addition

1.2 NAME Joan L Allewelt
1.3 STREET ADDRESS 10601 valentine Rd N.
1.4 CITY-ST-ZIP Tallahassee, FL 32311

2.1 TITLE PST ☒ Change ☐ Addition

2.2 NAME Sharon L. Crews
2.3 STREET ADDRESS 3369 Tansey Ct.
2.4 CITY-ST-ZIP Tallahassee, FL 32308

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 Crews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.19.99

Date

850-878-2224

Daytime Phone #

0051584

CR2E034 (11/98)