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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P95000031779

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90050 010 ***150.00

1. Corporation Name WRITING SURFACES, INC. L LONGIANE LIO CREAL RESULTANTE ADERE ADERE ADERE ADERE LICENTER LICENTER (ADEL 1881) (ADEL

Principal Plac	ce of Business	Mailing Address						
520 RALPH ST. 520 RALPH ST.								
SARASOTA FL 34242 SARASOTA FL 34242					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					04/24/1995			
Principal Place of Business 2a. Mailing Address				4: FEI Number		-	Applied For_	
21		26			65-0576634			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired			Additional Required	
City & Sta	ite	City & State			6. Election Campaign Financing		\$5.0	0 May Be
23		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Inta		_/
24	25	29 30			Personal Property Tax.		Yes	⊡N ₀
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered A	Agent	
			81	Name				
CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD.			82	Street Addre	ess (P.O. Box Number is Not Accept	table)		•
TALLAHASSEE FL 32303			83					
							11	. 0-1-
			84	City		FL	85 Zi	p Code
SIGNATURE	am familiar with, and accept the obligations are standard or printed name of registered agr							
12.	OFFICERS A	ent and title if applicable. (NOTE, Regit	stered Agen	nt signature required		DATE		
TITLE	l D	ND DIRECTORS	13.	nt signature required	when reinstating) ADDITIONS/CHANGES TO OF			
NAME	D	ND DIRECTORS		nt signature required			D DIREC	
PONIL	CASTILOW, JASON R.	ND DIRECTORS	13.	nt signature required				
STREET ADDRESS	CASTILOW, JASON R.	ND DIRECTORS	13. 1.1 TITLE					
	CASTILOW, JASON R.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADDRESS			☐ Chang	e 🗍 Addition
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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 or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Addition

Change