

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90046 042 ***150.00

DOCUMENT # P95000042769

1. Corporation Name

INDIGO INK, INCORPORATED

Principal Place of Business

**22 NW 21 STREET
GAINESVILLE FL 32603**

Mailing Address

**22 NW 21 STREET
GAINESVILLE FL 32603**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1995

4. FEI Number

59-3332640

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 1800 NW 30th Terr
Suite, Apt. #, etc.

2a. Mailing Address

26 1800 NW 30th Terr
Suite, Apt. #, etc.

City & State

23 Gainesville FL

City & State

28 Gainesville FL

Zip Country

24 32605 25 Alachua

Zip Country

29 32605 30 Alachua

9. Name and Address of Current Registered Agent

**SHAHER, STEVEN J
22 NW 21 STREET
GAINESVILLE FL 32603**

10. Name and Address of New Registered Agent

81 Name Shafer, Steven J
82 Street Address (P.O. Box Number is Not Acceptable)
1800 NW 30th Terrace
83
84 City Gainesville FL 85 Zip Code 32605

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D
1.2 NAME SHAHER, STEVEN J
1.3 STREET ADDRESS 22 NW 21 STREET
1.4 CITY-ST-ZIP GAINESVILLE FL 32603

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1800 NW 30th Terrace
1.4 CITY-ST-ZIP Gainesville FL 32605

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:

SIGNATURE **SHAHER, STEVEN J**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99
Date

352-371-0176
Daytime Phone #

CR2E034 (1/198)

0064149