FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90046 031 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093887

Corporation Name
 THUNDER BAY GRAPHICS, INC.

HOND	LII DAT GHALLIOO, INO							
Principal Plac	e of Business	Mailing Address				T (841/40) (10 (0)0) ANS) BUSH EUSH OUSH ONIN 18106 HA) (MINI \$01) 1801 (60)	
12667 SEMINOLE BLVD. 12667 SEMINOLE BLVD.								
LARGO FL 34648 LARGO FL 34648						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						01/01/1996	ļ	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				59-3251825	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					E Cortificate of Status Desired	75 Additional ee Required		
City & Stat	te	City & State				6. Election Campaign Financing 55	.00 May Be	
23		28					Ided to Fees	
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.	s □No	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered Agent		
MAN	INCLEA ANTHONY D	· ·		81	Name			
MANNELLO, ANTHONY D 12667 SEMINOLE BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)				
LARGO FL 34648							* 1 /3 /2 /2	
LAN	GO F.C 34040			83				
				84 City FL 85 Zip Code				
11. Pursuant office or i agent. I a	am familiar with, and accept the obliga	tions of Section 607.0505, Flo	orida Stat バイ4 c	tutes. Vy	D. /	poration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment MANNE 40 PG - 99	1	
42	Signature, typed or printed name of registered age		13.	a Agent	signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE		
12.	OFFICERS AND DIRECTORS 13.			ITLE		ADDITIONS/CHANGES TO OFFICERS AND BIRE		
NAME	MANNELLO, DANIEL A 12N							
STREET ADDRESS	4447 44401004 4154115			ADDRESS]		
	1 1 DOG 51 0 1010		ITY-ST-					
CITY-ST-ZIP TITLE	□ DELETE 2.1 TI				- 211	☐ Cha	ange Addition	
NAME			2.2 N	AME				
STREET ADDRESS			2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	2.41		CITY-ST	r-ZIP				
TITLE , .	☐ DELETE 3.1 T		NLE		☐ Cha	ange 🔲 Addition		
NAME :			3.2 N	AME.			1	
STREET ADDRESS	3.3 \$		3.3 STREET ADDRESS					
CITY-ST-ZIP	1.52		3.4. CITY-		r-ZIP			
TITLE		☐ DELETE	4.1 TJ	MLE		, □ Chi	ange Addition	
NAME		• _	4. 2 NAME			p.A.		
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP	4.4.0		4.4 CITY-ST-ZIP					
TITLE	2	☐ DELETE	5.1 TITLE			☐ Cha	ange	
NAME			5.2 N	AME				
STREET ADORESS	~.		5.3 S	TREET	ADDRESS			
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,			ITY-ST-	- ZIP			
		☐ DELETE	6.1 TI	TI F	i	Cha	ange Addition	

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 any address, with all other like appeared.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS