03-02-1999 90162 021 ***150.00

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PROFIT • CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000094633
1. Corporation Name	. 0000000 .000
	NA AS ACCUMANCE INA

1. Corporation					1			
GULF CO)ast printing of Semi	NOLE, INC.						
						88) IZB (BYE) BYIK BONK BOKH BOHK BOKK B		
Principal Place of Business Mailing Address					1 1000	88) ((# (#(#) 8 ())) 88 ()) 88 ()) 88 ()) 8 ()	(84) 21318 6 1188 1	HIER CHR 1991
13627 65TH ST	N	13627 65TH ST N			,			
LARGO FL 3377		LARGO FL 33771						
US		US				DO NOT WRITE IN T	HIS SPACE	
						rporated or Qualifed		1
					01/01/1			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Numb		Apr	olied For
21 0K		26 OK			59-3353	<u> </u>	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Cortifonto	of Status Desired	\$8.75 ∧	
22		27			5. Certificate	Of Status Desired	Fee Re	quired
City & State	9	City & State			6. Election C	Campaign Financing	\$5.00	May Be
23		28			Trust Fun	d Contribution	Added to	Fees
Zip	Country	Zip	Countr	у	8. This corpo	oration owes the current year		_
24	25	29	30		Personal	Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name an	d Address of New Register	red Agent	i
			8.	Name	INGER	LEE		
	er, lee		8:	Street Addr		unhar is Not Accentable)		
	"Seminolie bivd.		"	9	209 3	EMINOLE B	BLVD,	
SEMI	NOLE FL 34642		8:	3		60		
				<u> </u>	41011	<i>b v</i>	loc Zin C	·odo
		1	8-	^^ >b	EMINOL		-L 85 Zip C	772
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	5/2 and 607.1508, Florida Stati	utes, the abo	ve-named corp	oration submits t	his statement for the purpos	e of changing its	registered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was bations of Section 697 9505. F	authorized b Iorida Statute	y the corporations.	on's board of dire	ectors. I nereby accept the ap	opomiment as reg	Jistered
l .	in land, and a south	-/2	168	YINC	52/L	2/8/99		1
SIGNATURE	Signature, typed or printed pame of registered a	gent and title if applicable (NOT	TE: Registered Ag	ent signature require		DATE		
12.	OFFICERS	ANO DIRECTORS	13.		ADDITION	S/CHANGES TO OFFICERS		
TITLE	PSTD	☐ DELETÉ	1.1 TITLE	1			Change	☐ Addition
NAME	YINGER, LEE		1.2 NAME	:				
STREET ADDRESS	13627 65TH ST N		1.3 STRE	ET ADDRESS				}
CITY-ST-ZIP	LARGO FL 33771		1.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE	.			Change	☐ Addition
NAME			2.2 NAME					Ì
STREET ADDRESS			2.3 STRE	ET ADDRESS				ļ
CITY-ST-ZIP	<u></u>		2.4 CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETÉ	3.1 TITLE		=		Change	☐ Addition
NAME			3.2 NAME	.				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	- ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	232 =		4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				

6.4 CITY-ST-ZIP 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 of 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 affectment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

☐ Addition

Addition