

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90210 014 ***155.00

DOCUMENT # P96000039410

1. Corporation Name
LONGLEAF PRESS, INC.

Principal Place of Business
2138 WEST MINNEHAHA AVENUE
TAMPA FL 33604-5737

Mailing Address
2138 WEST MINNEHAHA AVENUE
TAMPA FL 33604-5737

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1996

4. FEI Number
59-3461353

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

2a. Mailing Address

21 5008 N. 9th ST.

26 5008 N. 9th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 36603-2302

Country

25 USA

Zip

29 33603-2302

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPENCER, LONA D
5008 N 9TH ST
TAMPA FL 33603

President

Samuel A. DAVIS
Vice President

81 Name Samuel A. DAVIS

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

83 5008 N. 9th ST.

84

City Tampa, FL

FL

85 Zip Code
33603-2302

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: Samuel A. Davis Samuel A. DAVIS

4/27/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~POB~~ Vice President ☐ DELETE

NAME DAVIS, SAMUEL A
STREET ADDRESS 2138 W MINNEHAHA AVE
CITY-ST-ZIP TAMPA FL 37

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~VP~~ President ☐ DELETE

NAME SPENCER, LONA D
STREET ADDRESS 5008 N 9TH ST
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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: Samuel A. DAVIS Samuel A. Davis 4/27/99 813-234-8432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0399106