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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthagh

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055730 (1)

VICKMORE SCREEN PRINTING, INC.

Principal Place of Business Mailing Address **8038 JET PORT INDUSTRIAL BLVD 6038 JET INDUSTRIAL BLVD** TAMPA FL 33634 TAMPA FL 33634 IJŜ DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3394899 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes □ No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOORE. ROBERT 6038 JET PORT INDUSTRIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33634** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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** (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE C.E.O. Change Addition TITLE 1.1 TITLE MOORE, ROBERT Norman Vickers Jr. NAME 1.2 NAME **6038 JET PORT IND** 12303 Fillmore St. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CiTY-ST-ZiP Spring Hill, FL. 34609 DELETE 21 TITLE Change ... Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 2IP Change DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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.

1/0/00

FILED

Jan 29 1998 8:00am

Secretary of State

CR2E034