

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90033 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019538

1. Corporation Name

PRINGLE MEDIA SERVICES, INC.

Principal Place of Business

8545 CROSS TIMBERS DRIVE
JACKSONVILLE FL 32244

Mailing Address

8545 CROSS TIMBERS DRIVE
JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1997

4. FEI Number

59-3428797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 315 SCENIC POINT LN

2a. Mailing Address

26 315 SCENIC POINT LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORANGE PARK, FLA

City & State

28 ORANGE PARK, FLA

Zip

24 32073

Country

Zip

29 32073

Country

30

9. Name and Address of Current Registered Agent

PRINGLE, RITA A

~~8545 CROSS TIMBERS DRIVE~~
~~JACKSONVILLE FL 32244~~

10. Name and Address of New Registered Agent

81 Name

PRINGLE, RITA A.

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

315 SCENIC POINT LANE

83

84 City

ORANGE PARK

FL

85

Zip Code

32073

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

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 an address, with all other like empowered.

SIGNATURE:

RITA A. PRINGLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)