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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000083984 (9)

SPEED PRINT ENTERPRISES, INC.

FILED May 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 14390 NORTH DALE MABRY HWY 14390 NORTH DALE MABRY HWY **TAMPA FL 33618 TAMPA FL 33618** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 2. Principal Place of Business 2a. Mailing Address 26 & WALTER JANOERS Applied For Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 13910 N. DAL E MABRY STE ! Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SANDERS, WALTER 13910 NORTH DALE MABRY HWY Street Address (P.O. Box Number is Not Acceptable) 82 SUITE ONE 83 TAMPA FL 33618 84 City Zip Code 85 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. WALTER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.111111 CARTER, JOHN EDWARD 1.2 NAME NAME STREET ADDRESS 15546 TIMBERLINE DRIVE 1.3 STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2 1 TITLE CARTER, JONI KAY 2.2 NAME NAME STREET ADDRESS **15546 TIMBERLINE DRIVE** 2.3 STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP CITY-\$T-ZIP TITLE DELETE 4.1 THE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 6 1 THLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 prefixer or trusce 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 a