

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 10, 1999 8:00 am  
Secretary of State

05-10-1999 90261 025 \*\*\*150.00

DOCUMENT # P97000098585

1. Corporation Name

PRECISION SCREENPRINTING & EMBROIDERY INC.

Principal Place of Business

2826 LENOX AVENUE  
JACKSONVILLE FL 32205

Mailing Address

2826 LENOX AVENUE  
JACKSONVILLE FL 32205

2. Principal Place of Business

21 3435 Phillips Hwy  
Suite, Apt. #, etc.

22 B-203

23 JAX FL.

24 Zip Country

25 DUVAL

2a. Mailing Address

26 6915 ARQUES RD  
Suite, Apt. #, etc.

27

28 JAX FL.

29 Zip Country

30 32205

31 DUVAL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1997

4. FEI Number

59-3504343

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

9. Name and Address of Current Registered Agent

BRYNILDSEN, JON E  
2826 LENOX AVENUE  
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

82 BRYNILDSEN, JON E

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

3435 Phillips Hwy B-203

84

City Jacksonville

FL

85 Zip Code

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 Jon E. Brynildsen

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BRYNILDSEN, JON ERIC  
STREET ADDRESS 9216 TARAGONA WAY  
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: Jon E. Brynildsen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

904-378-3338

Daytime Phone #

CR2E034 (1/98)