

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90143 014 ***150.00

DOCUMENT # P98000015311

1. Corporation Name

PEN & INK GRAPHICS INC.



Principal Place of Business

613 LEXINGTON STREET
DUNEDIN FL 34698

Mailing Address

613 LEXINGTON STREET
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

59-3493569

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 1024 NOKOMIS ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 1024 NOKOMIS

Suite, Apt. #, etc.

City & State

23 CLEARWATER, FL

Zip

Country

24 33755 25 USA

City & State

28 CLEARWATER, FL

Zip

Country

29 33755 30 USA

9. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP INC
8668 PARK BLVD STE A
SEMINOLE FL 33777

10. Name and Address of New Registered Agent

81 Name

✓ TERRI L. GRAY

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

✓ 1024 NOKOMIS ST.

83

City

✓ CLEARWATER

FL

85 Zip Code

✓ 33755

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 ✓ Terri L. Gray

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

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 1-19-99

12. OFFICERS AND DIRECTORS

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
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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 P/S/D ☒ Change ☐ Addition
1.2 NAME TERRI L. GRAY
1.3 STREET ADDRESS 1024 NOKOMIS, ST
1.4 CITY-ST-ZIP CLEARWATER, FL 33755

2.1 TITLE V/T/C ☒ Change ☐ Addition
2.2 NAME BETH HUNSICKER
2.3 STREET ADDRESS 1024 NOKOMIS, ST
2.4 CITY-ST-ZIP CLEARWATER, FL 33755

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: ✓ Terri L. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-99 727-462-2840

CR2E034 (11/98)