

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

044386

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90104 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000026352**

1. Corporation Name

**INK DEVELOPMENT COMPANY**

Principal Place of Business

Mailing Address

**7839 EAGLE FLIGHT LANE  
FT MYERS FL 33912**

**7839 EAGLE FLIGHT LANE  
FT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/20/1998**

4. FEI Number

**65-0830175**

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

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, R. SCOTT  
2640 GOLDEN GATE PKWY  
STE 315  
NAPLES FL 34105**

**81** Name

**INK, JAMES M**

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

**7839 EAGLE FLIGHT LANE**

**83**

**84** City

**FT MYERS**

**FL**

**85** Zip Code

**33912**

11. Pursuant to the provisions of Sections 607.0562 and 607.0508, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D**  
**INK, JAMES M**  
**7839 EAGLE FLIGHT LANE**  
**FT MYERS FL 33912**

1. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

2. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

3. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

4. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

5. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

6. TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/99**

Date

**741-561-1690**

Daytime Phone #

CR2E034 (11/98)