PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90234 027 ***150.00

	1999	- 0.	VISION 00	11 01011	10110] \		
DOCU 1. Corporation	MENT # P98000	065768	3					
TAMP-A	-STAMP, INC.							
•								HI 81 18 H 18 E
						_{		
1 '	e of Business	Mailing Addr						
2219 S. Dale Tampa Fl 336		2219 S. DALE TAMPA FL 33	Mabry Hwy					
IMMEN EL 300	23	inmin it so	023				ber Applied 5 386 2 9 Not / Status Desired \$8.75 Add Fee Required Compaign Financing Added to contribution Added to contribution was the current year intangible Property Tax.	
						3. Date Incorporated or Qualifed		
2 Principal Place of Business 2a. Mailing Address						07/27/1998	Apr	lied For
	Place of Business	Za. Mailing A	øaress			59-3538629		Applicable
Suite, Apt.	# etc.	Suite, Apr	t. #, etc.					
22		27	•			5. Certificate of Status Desired	Fee Rec	beritu
City & Sta	te	City & St	ate			6. Election Campaign Financing		
23		28		0		Trust Fund Contribution		Fees .
Zip	Country	Zip		Country			Yes	_No
24	9. Name and Address of Curren			┸		r disolicar r toperty rex.		
	- Hallio di 10 Hallio di 10			81	Name		-	
FILINGS, INC.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
3732 N.W. 16TH STREET				1				
ft.	LAUDERDALE FL 33311-4132			83				
				84	City	El	85 Zip C	ode
	07.050	0 1 007 1508 F	Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Florida, Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered as of, Section 607.0505, Florida Statutes. 3 - 18 - 9 9					
11. Pursuant office or r	to the provisions of Sections 607.000. registered agent, or both, in the State	of Florida. Such ch	ange was autho	xized by	the corporation	is podio of disposors. Fineres) werels will approve		stered
				Stamtes	•	. 3-/	8-99	
SIGNATURE	Signature, typed or firmled name of registered agen			atered Ager	nt signature required	when reinstating) DATE		
12.		D DIRECTORS	3					
mre.	D TOWNSEN TERRY	L) DELETE	i		_	3 Chango	
NAME	HOLTSINGER, TERRY L 2219 S. DALE MABRY HWY			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	TAMPA FL 33629			1.4 CITY-ST-ZIP				
CITY-ST-ZIP	D		DELETE	2.1 TITLE			Change	Addition
NAME	HEMPHILL, ELIZABETH B		1	22NAME			,	ļ
STREET ADDRESS				2.3 STREET	TADDRESS			
CITY-ST-ZIP	TAMPA FL 33629			2.4 CITY-5	9E-72		101	- Addition
TITLE] DELETE	3.1 TITLE		L) ⇔reuñe	☐ Addition
NAME				3.2 NAME				ł
STREET ADDRESS				220	TADDOCCO I			Ī
CITY-ST-ZIP			I		TADDRESS			
) DELETE	3.4 CITY-S] Change ==	- Addition
		:[) DELETE	3.4. CTTY- S			Change ==	- Addition
NAME STREET ADDRESS			J DELETE	3.4. CTTY-S	ST-20P		Change —	- Addition
NAME				3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	TADORESS			
NAME STREET ADORESS) delete	3.4 CITY-S 4.1 FITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	TADORESS		Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZBP TITLE NAME				3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	TADDRESS			
NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS				3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T-ZIP T ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		C) delete	3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS	·		
NAME STREET ADDRESS CITY-ST-ZBP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		C) DELETE	3.4. CITY-S 4.7 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS	·] Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP		C) delete	3.4 CITY-S 4.1 FITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	T ADDRESS 1-2P T ADDRESS 1-2P	·] Change	☐ Addition

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 ooth; 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: JULIA HOLLSUNG OF PRINTED HAME OF PURING OFFICER OR DIRECTOR