

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90100 006 ***150.00

DOCUMENT # **P98000087482**

1. Corporation Name

HIGH MARK PRINTING & GRAPHICS, INC.

Principal Place of Business

10575 OLD DIXIE HWY
ST AUGUSTINE FL 32085

Mailing Address

10575 OLD DIXIE HWY
ST AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEI Number

59-3539252

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

Country

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET STE 1800
JACKSONVILLE FL 32202

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPP.D.
JOHN B. HART
10575 OLD DIXIE RD
ST AUGUSTINE, FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPEVP
MARK R. WELLS
10575 OLD DIXIE RD.
ST AUGUSTINE, FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPEVP
EDNA CONNER
10575 OLD DIXIE RD.
ST AUGUSTINE, FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPS.D.
LITA G. HART
10575 OLD DIXIE RD.
ST AUGUSTINE, FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPAsst Secy
Barry M. Fitterman
10575 OLD DIXIE RD.
ST AUGUSTINE, FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ 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

Date

Daytime Phone #

CR2E034 (11/98)