

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 05, 1999 8:00 am  
Secretary of State

05-05-1999 90233 024 \*\*\*150.00

DOCUMENT # P98000102563

1. Corporation Name

APPLIED COMPUTER GRAPHICS, INC.



Principal Place of Business

7231 ARBORVIEW LANE  
NEW PORT RICHEY FL 34653

Mailing Address

7231 ARBORVIEW LANE  
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1998

4. FEI Number

59-3545396

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

21 4553 GRAND BLVD

2a. Mailing Address

26 4553 GRAND BLVD

Suite, Apt. #, etc.

22 205

Suite, Apt. #, etc.

27 205

City & State

23 NEW PORT RICHEY, FL

City & State

28 NEW PORT RICHEY, FL

Zip

24 34652

Country

25 PASCO

Zip

29 34652

Country

30 PASCO

9. Name and Address of Current Registered Agent

SAMSEL, LES  
7231 ARBORVIEW LANE  
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

LES SAMSEL

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

4553 GRAND BLVD SUITE 205

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34652

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

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

(NOTE: Registered Agent signature required when reinstating)

4-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS SAMSEL, SUSAN A  
7231 ARBORVIEW LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ DELETE

NAME VPD  
STREET ADDRESS SAMSEL, LES  
7231 ARBORVIEW LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

PD  
SAMSEL, SUSAN A.  
4553 GRAND BLVD. SUITE 205  
NEW PORT RICHEY, FL 34652

☒ Change ☐ Addition

VPD  
LES SAMSEL  
4553 GRAND BLVD SUITE 205  
NEW PORT RICHEY, FL 34652

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

*Les Samsel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

DATE

727-843-8958

DAYTIME PHONE #

CR2E034 (11/98)