

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 90068 050 ***150.00

DOCUMENT # P98000104473

1. Corporation Name

WESTSHORE GRAPHICS, INC.

Principal Place of Business

1301 4TH STREET NORTH
ST. PETERSBURG FL 33701

Mailing Address

1301 4TH STREET NORTH
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1998

4. FEI Number

59-3551852

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 5350 115th AVENUE

Suite, Apt. #, etc.

22 PLANT 2

City & State

23 CLEARWATER, FL

Zip

24 33760

Country

25 PINELLAS

2a. Mailing Address

26 5350 115th AVENUE

Suite, Apt. #, etc.

27 PLANT 2

City & State

28 CLEARWATER, FL

Zip

29 33760

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

DARBOIS, DEBBIE C
1301 4TH STREET NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

PATRICIA A. PULLAN

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

5350 115th AVE NORTH

83

CLEARWATER

84

CLEARWATER

FL

85 Zip Code

33760

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

Patricia A. Pullan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME SMITH, WALTER E
STREET ADDRESS 1301 4TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE PRESIDENT
1.2 NAME PATRICIA A. PULLAN
1.3 STREET ADDRESS 5350 115th AVENUE
1.4 CITY-ST-ZIP CLEARWATER, FL 33760

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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: *Patricia A. Pullan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99 727 299-0529
Date Daytime Phone #

CR2E034 (11/98)