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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S24159

1, Corporation Name

TERRELL & GULLY ENGRAVING COMPANY

Principal Place	e of Business	Mailing Address					11251131010				
1240 WALNUT S	ŞT	1240 WALNUT ST									
JACKSONVILLE FL 32206			JACKSONVILLE FL 32206				DO NOT WRITE IN THIS SPACE				
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2 Principal P	loss of Business	2a. Mailing Addre	000				01/10/1991 FEI Number				Applied For
└	lace of Business .		CSS			"	59-304886	A			Not Applicable
Suite, Apt.	# otc	26 Suite, Apt. #,	etc	-			29-304000	†			Additional
	#, etc.	27	GIG.			5	Certificate of S	itatus Desired			Required
City & Stat	·a	City & State					- Flootion Cami	naian Einanein			
23		- ⊢— `	28			۰ ا	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Country			. This corporati		irrent veer In		
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24	9. Name and Address of Curre			J		10). Name and A		v Registered	Agent	
<u> </u>	O. Haille and Addition of Carre	<u> </u>		81	Name						
SIRA	CUSA, HELEN C										
3910 ATLANTIC BLVD				82	Stree	t Address (dress (P.O. Box Number is Not Acceptable)				
	(SONVILLE FL 32207			83	-						
)	(00117)222 7 2 32207			100	1						
				84	City	_			FL	_ 1 1 1	p Code
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im jamiliar with, and accept the oblig	502 and 607.1508, Florid	da Statutes,	the abov	e-name	d corporation	on submits this s	statement for th	ne purpose of	changing	its registered
office or r	registered agent, or both, in the Stat	e of Florida. Such chan	ge was autho	orized by	the con	poration's t	board of director	s. I hereby acc	ept the appoi	intment as	registered
l —	m Jamiliar Will, and accept the bolig	gators or, section our.	000, 1010	Plaintes	~~	- •		م ا	3-10-	00	
SIGNATURE	Signature, typed or printed name of registered as		100		cla	required when	- 4-41 X		DATE	-1/-	
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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 gustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP