FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

S33089

(1)

PRESSMARK PRINTING, INC.

FILED Mar 10 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			1 10011010 104 11100 11111 00101 10110 1011 0101		
2609 ORLEAN		2009 ORLEANS AVE					
LAKELAND FL 33803		LAKELAND FL 33803			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					02/08/1991		
2 Principal P	lace of Business	2a. Mailing Address			4, FEI Number		Applied For
21	ado di Badinosa	26			59-3046810		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional	
22		27		5. Certificate of Status Desired		Required	
City & State	0	City & State			6, Election Campaign Financing	\$5.0	O May Be
23		28	28		Trust Fund Contribution Added to Fees		
Z ip			Country		8. This corporation owes or has paid the	current year	Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes	□ No
	g. Name and Address of Curren	l Registered Agent			10. Name and Address of New Register	ad Agent	
HE	SS, JOHN C.		61	Name			
	09 ORLEANS AVE		82	Street Ark	Idress (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33803			"	ישני אונישטי איניישטא			
			63				
			84	City		los 7	p Code
			1		F	•L	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abov	/e-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the s	e of changing	its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was a	authorized b	y the corpor	ration's board of directors. I hereby accept the s	appointment i	as registered
	in tarrinar with, and accept the obliga	tions or, accitor dov. 0303, 110	Jinia Statute				
SIGNATURE	Signature, typed or printed name of registered age-	rt and title it applicable (NOTI	E Registered Ac	ent signature reg	guired when reinstating) DATI	E	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	
NAME	HESS, JOHN C.		1.2 NAME				
STREET ADDRESS	703 PENNYROYAL PALCE		1.3 STREE	T ADDRESS			
CITY - ST - ZIP	BRANDON FL		1.4 CITY -	ST-ZIP			
TITLE	٧D	☐ DELETE	2.1 TITLE			Change	e
NAME	WERRICK, CHRIS G.		2.2 NAME				
STREET ADORESS	4218 LIVE OAK RD		2.3.STREE	T ADDRESS			
CITY - ST - ZIP	LAKELAND FL		2. 4 CITY				
TITLE	SD	DELETE	3.1 TITLE	Ø1 £31		Change	e Addition
NAME	HESS, LINDA		3.2 NAME				!
STREET ADDRESS	225 E EDGEWOOD DR #9			T ADDRESS			
City-St-2ip	LAKELAND FL		3.4. CITY				
TITLÉ	D	DELETE	4.1 TITLE			Chang	e
NAME	HESS, GEORGE D.		4. 2 NAME				
	225 E EDGEWOOD DR #9			T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	LAKELAND FL	DELETE	4.4 CiTY-			Chano	e Addition
TITLE			5.1 TITLE	1		L Origing	- Lu nacatoti
NAME			5.2 NAME	i			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		T prices	5.4 CITY-			T Chang	e Addition
TITLE		☐ DELETE	6.1 TITLE			LJ Chang	e LI Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADORESS			
CITY-ST-ZIP			6.4 CITY-				
14 I hereby	certify that the information supplied w	ith this filing does not qualify to	or the exem	ption stated	in Section 119.07(3)(i), Florida Statutes, I furthe	r certify that t	he information

receipt certify that the information supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the informatic indicated on this annual report is 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.

SIGNATURE: