

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP 16 PM 3:53

DOCUMENT # S44345 (4)

1. Corporation Name

SEMINOLE PRINTING SERVICES, INC.

Principal Place of Business

Mailing Address

2005 TREE FORK LANE  
STE. 113  
LONGWOOD FL 32750  
US

2005 TREE FORK LANE  
STE. 113  
LONGWOOD FL 32750  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/08/1991

3a. Date of Last Report

08/11/1995

4. FEI Number

59-3076947

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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 the date (if applicable)

(NOTE: Registered Agent signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

TITLE TDS ☐ DELETE

NAME VANDERWEIDE, JUDY  
STREET ADDRESS 104 SWEETWATER HILLS DR.  
CITY - ST - ZIP LONGWOOD FL

TITLE PD ☐ DELETE

NAME VANDERWEIDE, BRADLEY J.  
STREET ADDRESS 104 SWEETWATER HILLS DR.  
CITY - ST - ZIP LONGWOOD FL

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

TITLE ☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P.B.T. ☒ Change ☐ Addition

12 NAME Van Der Weide, Judy  
13 STREET ADDRESS 104 SWEETWATER HILLS DR.  
14 CITY - ST - ZIP LONGWOOD, FL. 32779

21 TITLE S.D. ☒ Change ☐ Addition

22 NAME Van Der Weide, Bradley J.  
23 STREET ADDRESS 104 SWEETWATER HILLS DR.  
24 CITY - ST - ZIP Longwood, FL. 32779

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

100001982121  
-10/02/96--01001--045  
\*\*\*\*375.00 \*\*\*\*375.00

9/12/96

407 339-8906