

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S44345** (4)

1. Corporation Name
SEMINOLE PRINTING SERVICES, INC.

Principal Place of Business

**2005 TREE FORK LANE
STE. 113
LONGWOOD FL 32750
US**

Mailing Address

**104 SWEETWATER HILLS DR
8000-555-FORMER
32779
LONGWOOD FL 32750-5550
US**

3. Date Incorporated or Qualified
04/08/1991

3a. Date of Last Report
09/16/1996

2. Principal Place of Business

21 104 Sweetwater Hills Dr

Suite, Apt. #, etc.

City & State

23 Longwood

Zip
24 32779

Country

25 US

2a. Mailing Address

26 104 Sweetwater Hills Dr

Suite, Apt. #, etc.

City & State

28 Longwood

Zip
29 32779

Country

30 US

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

9. Name and Address of Current Registered Agent

**VAN DER WEIDE, BRADLEY J.
2005 TREE FORK LANE
STE. 113
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name

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

104 Sweetwater Hills Dr

84 City

Longwood

FL

85 Zip Code

32779

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ DELETE
NAME **VANDERWEIDE, JUDY**
STREET ADDRESS **104 SWEETWATER HILLS DR.**
CITY - ST - ZIP **LONGWOOD FL 32779**

TITLE **SD** ☐ DELETE
NAME **VANDERWEIDE, BRADLEY J.**
STREET ADDRESS **104 SWEETWATER HILLS DR.**
CITY - ST - ZIP **LONGWOOD FL 32779**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: **Bradley J. Van Der Weide** ☐ SIGNATURE REQUIRED
DATE **4-29-97** DAYTIME PHONE **407.862.8942**

CR2E034 (9/96)