Apr 29, 1999 8:00 am Secretary of State

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

1999 DIVISION OF CORPORATIONS					04-29-1999 90270 005 ***158.75		
DOCUMENT # S44408 1. Corporation Name							
WHOLESALE BANNER & SILK SCREEN, INC.							
}					f 2007/010 (12 010) (010) (010) (010)	AHBUP BEBEN BUBUK BEBEN P	DIBIH BYBYI (BB)
j							
Principal Plac	e of Business	Mailing Address				SINSI MINSI MINII OSDIC I	Siffi Diğil İbbi
6131 ANDERSON RD. 6131 ANDERSON RD.					•		
SUITE I SUITE I					DO NOT WRITE IN	TUO CD 4 CE	
TAMPA FL 33634 TAMPA FL 3363		TAMPA FL 33634			3. Date Incorporated or Qualifed	THIS SPACE	
					04/11/1991		
h		2a. Mailing Address	ailing Address		4. FEI Number	┝ —	plied For
21	Market and a second a second and a second an	26			59-3073847		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 A	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip Country Zip			Countr		8. This corporation owes the current year	ar Intangible	
24	25 29 30				Personal Property Tax.	☐ Yes	X/No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
81 Name							
FISHER, ARTHUR W. III 5553 WEST WATERS AVENUE				2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
SUITE 316				 			
TAMPA FL 33634			83	1			
				4 City		FL 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	es, the above	ve-named corpo	oration submits this statement for the purpos	se of changing its	registered
office or r	registered agent, or both, in the State	of Florida, Such change was au	uthorized by	y the corporation	on's board of directors. I hereby accept the a	ppointment as re-	gistered
SIGNATURE	in tanina min, and accept the obliga	acric (i, ecolori cor.coc), i la	ida Olaldio	u .			
SIGNATURE	Signature, typed or printed name of registered ager		Registered Age	ent signature required	d when reinstating) DAT	E	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	DP	☐ DELETE	1.1 TITLE	1		Change	Addition
NAME	GARCIA, MICHAEL A		1.2 NAME				
STREET ADDRESS	13811 MILL COVE CR. TAMPA FL		1.3 STREET ADDRESS				
CITY-ST-ZIP	DST DELETE		2.1 TITLE	S1-ZIP		[] Change	Addition
NAME	SCHOPMEYER, GREGORY H		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL	•	2. 4 CITY-	ST-ZIP	•	سسر ــ ،	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREE	TADORESS			ļ
CITY-ST-ZIP			3.4. CITY+				57.4 (m)
TITLE		☐ DELETE	4.1 TITLE	1		☐ Change	Addition
NAME			4, 2 NAME	ļ			
STREET ADDRESS			1	TADORESS			
C/TY-ST-ZIP		☐ DELETE	4.4 CITY-5 5.1 TITLE	ST-ZIP		☐ Change	Addition
TITLE NAME	•		5.7 IIILE 5.2 NAME	÷ .		o,iailigo	
STREET ADDRESS			1	TADORESS			
CITY-ST-ZIP	'		5.4 CITY-5	Ę.			
TITLE	 	☐ DELETE	6.1 TITLE		· .	☐ Change	Addition
NAME (6.2 NAME	1	·	•	ļ
STREET ADDRESS	'		6.3 STREE	TADDRESS			

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 arrhual 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 restee 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 or a pattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR