

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90094 014 ***150.00

DOCUMENT # V16098

1. Corporation Name

PREPRINT PUBLISHING COMPANY, INC.

Principal Place of Business

9550 REGENCY SQ BLVD. STE 900
JACKSONVILLE FL 32225
US

Mailing Address

9550 REGENCY SQ BLVD
STE 900
JACKSONVILLE FL 32225
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1992

4. FEI Number

59-3126548

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6900 Southpoint Dr. N.

Suite, Apt. #, etc.

22 Suite 300

City & State

23

Zip

24 32216

Country

25

2a. Mailing Address

26 6900 Southpoint Dr. N.

Suite, Apt. #, etc.

27 Suite 300

City & State

28

Zip

29 32216

Country

30

9. Name and Address of Current Registered Agent

VEGA RICHARD M
9550 REGENCY SQUARE BLVD
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81 Name Andrew J. Gleydura

82 Street Address (P.O. Box Number is Not Acceptable)
6900 Southpoint Dr. N.

83 Suite 300

84 City Jacksonville

FL

85 Zip Code
32216

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

Andrew J. Gleydura

March 25, 1999

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VP
NAME VEGA, RICK
STREET ADDRESS 9550 REGENCY SQUARE BLVD 900
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE EVP
1.2 NAME
1.3 STREET ADDRESS 11714 Edgemere Drive
1.4 CITY-ST-ZIP Jacksonville, FL 32223

☒ Change ☐ Addition

2.1 TITLE P/S/T/D
2.2 NAME Andrew J. Gleydura
2.3 STREET ADDRESS 5167 Derby Forest Lane
2.4 CITY-ST-ZIP Jacksonville, FL 32258

☐ Change ☒ Addition

3.1 TITLE VP
3.2 NAME Harlan D. Kent
3.3 STREET ADDRESS 7815 Coley Cove
3.4 CITY-ST-ZIP St. Augustine, FL 32092

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Andrew J. Gleydura 03/25/99 (904) 724-2500

Date

Daytime Phone #

CR2E034 (1/98)