

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

DOCUMENT # 515796

(1)

55 MAY 10 11 10:35

HANCOCK PRINTING EQUIPMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16011 NEBRASKA AVE.
LUTZ FL 33549

16011 NEBRASKA AVE
LUTZ FL 33549

2. Date of Incorporation		2a. Name & Address		3. Date of Incorporation		3a. Date of Annual Report	
21		26		10/01/1976		05/17/1994	
22		27		4. FIC Number		Applied Fee	
23		28		59-1714082		Not Applicable	
24		29		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		7. This corporation has liability for infractions under 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100		Florida Statutes	

9. Name and Address of Current Registered Agent

HANCOCK, MICHAEL F
201 E KENNEDY BLVD.
STE. 1850
TAMPA FL 33602

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 this appointment as registered agent. I am familiar with and accept the obligations of a registered agent, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary of State

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD HANCOCK, GENE R.	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	16011 N NEBRASKA AVE.	2. STREET ADDRESS	
3. CITY	LUTZ FL	3. CITY	
4. NAME	STD HANCOCK, FRANCES A.	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	16011 N NEBRASKA AVE.	5. STREET ADDRESS	
6. CITY	LUTZ FL	6. CITY	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	
19. NAME		19. NAME	☐ Change ☐ Addition
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY		21. CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.02(1)(b), Florida Statutes. I further certify that the information included on the 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. I agree to inform the corporation of the revision of the annual report as required by Chapter 199, Florida Statutes, and that my name appears in Block 13 of this report or on an alternate form with an address.

SIGNATURE: *Frances A. Hancock*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

5/2/95

(813) 949-4208