

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Carolee B. Mumford
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED,
AND
FILED

95 MAY -1 AM 9:26

DOCUMENT # **650014** (4)
AMERICAN BLUEPRINTING & SUPPLY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRINT NAME IN THIS SPACE

2. Filing Date of Report		2a. Mailed Address	
1995		1999 W FAIRBANKS AVE WINTER PARK FL 32789	
21. State Agent # of	26. Mailed Address	22. State Agent # of	27. Mailed Address
23. City & State	28. City & State	24. City & State	29. City & State
25. City & State	30. City & State	25. City & State	30. City & State

3. Date incorporated in Florida	3a. Date of Last Report
12/31/1979	05/01/1994
4. FEI Number	Applied Fee
59-1962198	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has adopted the simplified tax election for S-corporation for the year ending 12/31/94.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, ROBERT D 1999 W FAIRBANKS AVE WINTER PARK FL				B1	Name		
				B2	Street Address (P.O. Box Number, if not Applicable)		
				B3			
				B4	City		
				FL	Zip Code		

11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized officer of the corporation named herein, and that the above information was furnished by the corporation's board of directors, and that I am the duly authorized officer of the corporation named herein, and that the above information was furnished by the corporation's board of directors, and that I am the duly authorized officer of the corporation named herein, and that the above information was furnished by the corporation's board of directors.

SIGNATURE: _____

12. DIRECTORS AND OFFICERS		13. ADVERSE CLAIMS TO OFFICIALS AND DIRECTORS	
NAME	PTD SMITH, ROBERT D 4474 REAL COURT ORLANDO FL	TYPE	<input type="checkbox"/> Unpaid <input type="checkbox"/> Adverse
ADDRESS		TYPE	<input type="checkbox"/> Unpaid <input type="checkbox"/> Adverse
NAME		TYPE	<input type="checkbox"/> Unpaid <input type="checkbox"/> Adverse
ADDRESS		TYPE	<input type="checkbox"/> Unpaid <input type="checkbox"/> Adverse
NAME		TYPE	<input type="checkbox"/> Unpaid <input type="checkbox"/> Adverse
ADDRESS		TYPE	<input type="checkbox"/> Unpaid <input type="checkbox"/> Adverse
NAME		TYPE	<input type="checkbox"/> Unpaid <input type="checkbox"/> Adverse
ADDRESS		TYPE	<input type="checkbox"/> Unpaid <input type="checkbox"/> Adverse
NAME		TYPE	<input type="checkbox"/> Unpaid <input type="checkbox"/> Adverse
ADDRESS		TYPE	<input type="checkbox"/> Unpaid <input type="checkbox"/> Adverse

14. I, the undersigned, being duly sworn, depose and say that I am the duly authorized officer of the corporation named herein, and that the above information was furnished by the corporation's board of directors, and that I am the duly authorized officer of the corporation named herein, and that the above information was furnished by the corporation's board of directors.

SIGNATURE: *Robert D. Smith*
4.25.95 401.644.6366
0047160 CP