

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PH 4:01

DOCUMENT # **694140** (5)
1. Corporation Name
LEE COUNTY BLUEPRINTING, INC.

Principal Place of Business Mailing Address
C/O THOMAS T. MINTA
3525 FOWLER ST.
FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/13/1981** 3a. Date of Last Report **01/21/1994**
4. FEI Number **59-2098789** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required
6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees
6. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINTA, THOMAS T
3525 FOWLER ST.
FT MYERS, FL
33901

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MINTA, THOMAS T
STREET ADDRESS	16707 BOBCAT DRIVE S.W.
CITY - ST ZIP	FORT MYERS FL
TITLE	D
NAME	TAYLOR, SUSAN M
STREET ADDRESS	11802 S. KI ROAD
CITY - ST ZIP	PHOENIX AZ
TITLE	D
NAME	MINTA, JAMES J.
STREET ADDRESS	7953 VINEYARD LAKE RD
CITY - ST ZIP	JACKSONVILLE FL
TITLE	VD
NAME	MINTA, PAUL A
STREET ADDRESS	28546 DAWNS BREAK POINT
CITY - ST ZIP	WESLEY CHAPEL FL
TITLE	STD
NAME	MINTA, NORMA R
STREET ADDRESS	16707 BOBCAT DRIVE S.W.
CITY - ST ZIP	FT MYERS, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Minta, paul A.
43 STREET ADDRESS	224 marsh creek prive
44 CITY - ST ZIP	mauldin, sc 29662
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Thomas T. Minta* 4/10/95 813-778-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS T. MINTA