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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **837084** **(3)**

1. Corporation Name
**KWIKIE DUPLICATING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2320 BEE RIDGE RD., #147<br>SARASOTA FL 34239 | 2320 BEE RIDGE RD., #147<br>SARASOTA FL 34239 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1976
3a. Date of Last Report: 12/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 30-1687069 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CASCIANI, ANTHONY**
**3105 WOODMONT DR**
**4448 BEE RIDGE RD**
**SARASOTA FL 34232**

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PTD | 1.1 TITLE | P/T/S/D | ☒ Change ☐ Addition |
| NAME | CASCIANI, CARMEN | 1.2 NAME | CARMEN CASCIANI | |
| STREET ADDRESS | 2320 RIDGE ROAD, LOT 147 | 1.3 STREET ADDRESS | 2320 BEE RIDGE RD LOT 147 | |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | VD | 2.1 TITLE | VICE PRES. | ☒ Change ☐ Addition |
| NAME | CASCIANI, ANTHONY | 2.2 NAME | PATRICIA CASCIANI | |
| STREET ADDRESS | 3105 WOODMONT DRIVE | 2.3 STREET ADDRESS | 2320 BEE RIDGE RD LOT 147 | |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | SD | 3.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | DEMARCO, JOHN | 3.2 NAME | JOHN DE MARCO | |
| STREET ADDRESS | 1001 OAKWOOD ROAD | 3.3 STREET ADDRESS | 1001 OAKWOOD RD | |
| CITY-ST-ZIP | ORTONVILLE MI | 3.4 CITY-ST-ZIP | ORTONVILLE, MI. | |
| TITLE | | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | | 4.2 NAME | PAUL CASCIANI | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 303 MASON ST | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | CHARLEVOIX, MI 49720 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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 119.07(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:** CARMEN CASCIANI, PRESIDENT Carmen Casciani Jr. 4/14/95 (813) 924-9648
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004107 FP