FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000065228 (7)

1. Corporation Name

GRAPHICS IV PRINTING EQUIPMENT & SUPPLY, INC.

Principal Place of Business	Mailing Address
2311-A MERCATOR DRIVE ORLANDO FL 32807	2311-A MERCATOR DRIVE ORLANDO FL 32807

3. Date Incorporated or Qualified: **09/15/1993**

3a. Date of Last Report: **03/03/1995**

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: **59-2992454** ☐ 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

HERSHISER, DONALD R
2311-A MERCATOR DRIVE
ORLANDO FL 32807

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	P	☐ DELETE	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	HERSHISER, DONALD R		1.2 NAME		
STREET ADDRESS	2466 HUNTINGDALE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	32765	
TITLE	T	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HERSHISER, THERESA J		2.2 NAME		
STREET ADDRESS	2466 HUNTINGDALE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP	32765	
TITLE	VS	☐ DELETE	3.1 TITLE	VS D	☒ Change ☐ Addition
NAME	BEAMER, ROBERT G		3.2 NAME		
STREET ADDRESS	1321 CARPENTER BRANCH CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		3.4 CITY-ST-ZIP	32765	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	500001741095	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-03/13/96--01032--024 ***208.75	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Theresa J. Hershiser — 1/29/96 — 407-679-9114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #