FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 25 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

STREET ADDRESS

DOCUMENT # P93000065228 (7)

GRAPH	ICS IV PRINTING EQUIPM	IENT & SUPPLY, INC.	•		1
Principal Plac	e of Business	Mailing Address		- 10041404 140 18493 14414 00144 00441 00144 00144	D WINDL MILITA HEND HANDL HELL HOEL
2311-A MERCATOR DRIVE 2311-A MERCATOR DRIVE ORLANDO FL 32807 ORLANDO FL 32807				DO NOT WRITE IN TA	HIS SPACE
				3. Date Incorporated or Qualified	
				09/15/1993	
· '	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2992454	Not Applicable
Suite, Apt.	#, 61 C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		-		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	red Agent
	rshiser, donald r		81 Name		
2311-A MERCATOR DRIVE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
QRI	LANDO FL 32807		83		
				·	
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida State	utes, the above-named corp	poration submits this statement for the purpos	se of changing its registered
office or r	egistered agent, or both, in the Star m familiar with, and accept the obli	te of Florida. Such change was loations of, Section 607,0505, F	authorized by the corporate	ion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	THE PARTY WILL, GIVE BOSSIPE THE SIZE	general an occitor con soco, i	ionad oldioloo.		
SIGNATURE	Signature, typed or printed name of registered a	igen) and little if applicable (NC	OTE: Registered Agent signature requir	red when reinstaling) DA	TE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	HERSHISER, DONALD R		1.2 NAME		
Street address	2466 HUNTINGDALE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OVIEDO FL 32765	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	HERSHISER, THERESA J	L. Detter	2.2 NAME		C Change C recation
STREET ADDRESS	2466 HUNTINGDALE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		2. 4 CITY-ST-ZIP		•
TITLE	VSD	DELETE	3.1 TITUE		Change Addition
NAME	BEAMER, ROBERT G		3.2 NAME		
STREET ADDRESS	1321 CARPENTER BRANCH	CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u>_</u>		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DOCTE	5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		I

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.