

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 # P95000040533 (8)

1. Corporation Name

~~PINELLAS AIR-CONDITIONING & HEATING, INC.~~
MAGUIRE GRAPHICS, INC.

PL 12-80-95



Principal Place of Business

Mailing Address

~~3000 E. 11TH AVE
CLEARWATER FL 34616~~

311 SOUTH MISSOURI AVENUE
CLEARWATER FL 34616

3. Date Incorporated or Qualified
05/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 13521 Walsingham Road

26

4. FEI Number
59-3350195

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Largo, FL

27 City & State

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

24 Zip
34644-3530

25 Country
Pinellas

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREYFUS, ANDRA T ESQ.
311 SOUTH MISSOURI AVENUE
CLEARWATER FL 34616

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 607.0602 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

Signature typed or printed name of registered agent and date (s/s, p/s, etc.)

(P/S) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D-
HEINZ JAMES M-
311 SOUTH MISSOURI AVENUE-
CLEARWATER FL 34616 ☒ DELETE

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
P/T/D
Kim Maguire
12742 Hibiscus Rd.
Largo, FL 34644 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
VP/S/D
Ed Maguire
12742 Hibiscus Rd.
Largo, FL 34644 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
200001808732
-05/06/96--01028--008
***200.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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 (changed, or on an attachment with an address).

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/15/96

(813) 595-6048

CR2E034 (12/95)