

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:23

**DOCUMENT # S39940 (9)**

1. Corporation Name  
**FGM/FLORIDA GRAPHIX MACHINISTS CO.**

Principal Place of Business      Mailing Address  
**121 DRENNEN RD  
ORLANDO FL 32806  
US**                                      **121 DRENNEN RD  
ORLANDO FL 32806  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/22/1991**                                      **04/26/1994**

4. FEI Number      Applied For  
**59-3056973**                                      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

2. Principal Place of Business      2a. Mailing Address  
21      26

22      Suite, Apt. #, etc      Suite, Apt. #, etc

23      City & State      City & State

24      Zip      Country      29      Zip      Country      30

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**ROBINSON, GORDON J.  
2821 S. HIAWASSEE RD.  
ORLANDO FL 32811**

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 \_\_\_\_\_ (Name of current registered agent and title if applicable)      \_\_\_\_\_ (Name of Registered Agent signature required after mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE <b>PT</b>	11.2 NAME <b>ROBINSON, GORDON J.</b>	12.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11.3 STREET ADDRESS <b>2821 S. HIAWASSEE RD.</b>	11.4 CITY, ST, ZIP <b>ORLANDO FL</b>	12.2 NAME	
11.5 TITLE <b>VS</b>	11.6 NAME <b>STOUT, FRANCIS I.</b>	13.1 STREET ADDRESS <b>5320 MAGNA CARTA STREET</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.7 STREET ADDRESS <b>4100 PINEBARK AVE</b>	11.8 CITY, ST, ZIP <b>ORLANDO FL</b>	13.2 CITY, ST, ZIP <b>ORLANDO, FL 32821</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.9 TITLE	11.10 NAME	13.3 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.11 STREET ADDRESS	11.12 NAME	13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.13 CITY, ST, ZIP	11.14 STREET ADDRESS	13.5 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.15 TITLE	11.16 NAME	13.6 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.17 STREET ADDRESS	11.18 NAME	13.7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.19 CITY, ST, ZIP	11.20 STREET ADDRESS	13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.21 TITLE	11.22 NAME	13.9 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.23 STREET ADDRESS	11.24 NAME	13.10 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.25 CITY, ST, ZIP	11.26 STREET ADDRESS	13.11 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(B), 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 registered or licensed unempowered to associate this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Francis I. Stout      1-9-95      407-859-3408

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      TELEPHONE #