

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 26 PM 4:19

DOCUMENT # 364528 (0)

1. Corporation Name

ACCURATE ENGRAVERS INC

Principal Place of Business

7141 N.W. 74TH ST
MEDLEY FL 33166

Mailing Address

7141 N.W. 74TH ST
MEDLEY FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/22/1970

3a. Date of Last Report
03/15/1994

2. Principal Place of Business

21 **445 S. Main ST.**

2a. Mailing Address

26 **445 S. Main ST.**

4. FEI Number
59-1292463

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 **Dallas, GA 30132**

City & State

27 **Dallas, GA**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

24 **U.S.A.**

Zip

Country

29 **30132** 30 **U.S.A.**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TULIN, HELEN
7141 N. W. 74TH ST.
MEDLEY FL 33166**

10. Name and Address of New Registered Agent

01 Name **Melody Kirkpatrick**
02 Street Address (P.O. Box Number is Not Acceptable)
4715 Pebblepoint Place
03
04 City **Tampa** FL 05 Zip Code **33634**

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

Melody Kirkpatrick

Melody Kirkpatrick

DATE **1-20-95**

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent to whom required with relationship)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	TULIN, HELEN
STREET ADDRESS	7141 N. W. 74TH ST.
CITY-STATE-ZIP	MIAMI FL
TITLE	TD
NAME	SHEARIN, JERRY
STREET ADDRESS	7141 N.W. 74TH ST.
CITY-STATE-ZIP	MIAMI FL
TITLE	AS
NAME	SHEARIN, MELODY
STREET ADDRESS	7141 NW 7TH ST
CITY-STATE-ZIP	MIAMI FL
TITLE	SD
NAME	TULIN, GEORGE
STREET ADDRESS	7141 NW 74TH ST.
CITY-STATE-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	445 S. Main Street
1.4 CITY-STATE-ZIP	Dallas, GA 30132
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3799 Braswell Mountain Rd
2.4 CITY-STATE-ZIP	Dallas, GA 30132
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	4715 Pebblepoint Place
3.4 CITY-STATE-ZIP	Tampa FL 33634
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	Remove George Tulin
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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 receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helen C. Tulin* Helen C. Tulin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-95 404-445-0336