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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation ACCU	n Name RATE ENGRAVERS I		ailing Address								
445 S. MAIN DALLAS GA	N ST.		445 S. MAIN ST. DALLAS GA 30132								
US			US				3. Date Incorp 05/22/	orated or Qualified 1970		e of Last F 01/26/19	•
-1	lace of Business	1	Mailing Address				4, FEI Number				Applied For
Suite, Apil.	#, etc.	26	Suite, Apt. #, etc.					292463			Not Applicable 5 Additional
2		27	4, 4, 4				5. Certificate of	of Status Desired			Required
City & State	е		City & State					mpaign Financing			May Be
Zip	Country	28	Zip	T	untry			Contribution			od to Fees
4	25	29	2.97	30	uiiuy		Florida Stat	ation has liability for utes		ax unuer s	199.032,
	g, Name and Address o	of Current Regis	tered Agent		ļ		10. Name and	Address of New I	Registered	Agent	
149014004					81	Name					
	ATIRCK, MELODY PEBBLE POINT PLACE				62	Street Add	tress (P.O. Box Num	ber is Not Acceptal	ble)		
	FL 33634				83						
					84	City				85 Z	ip Code
						•			<u> Fl</u>	_	
											registered office
11. Pursuant t or register	to the provisions of Sections red agent, or both, in the State	607.0502 and 60 te of Florida Such	7.1508, Florida Statute n change was authorize	es, the abo	ove-n	arned corpo oration's boa	oration submits this s ard of directors. I he	statement for the pureby accept the app	irpose or cr pointment a	ıangıng its s registere	agent. I am
	to the provisions of Sections red agent, or both, in the Sta' ith, and accept the obligation	607.0502 and 60 ite of Florida Such as of, Section 607.	7.1508, Florida Statute n change was authorize .0505, Florida Statutes	es, the abo ed by the	corpo	amed corpo oration's boa	oration submits this s and of directors. I he	statement for the pureby accept the app			
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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 earth; 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec.

Dec.