

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 393360

(3)

1. Corporation Name

MORAN PRINTING COMPANY

Principal Place of Business

Mailing Address

9125 BACHMAN ROAD
PO BOX 532068
ORLANDO FL 32859

9125 BACHMAN ROAD
P.O. BOX 532068
ORLANDO FL 32859

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1971

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1375649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip 32824

Country

ORANGE

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOFSINGER, MICHAEL R
9125 BACHMAN ROAD
ORLANDO FL 32859

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code 32824

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	MORAN, VIRGINIA L
STREET ADDRESS	9125 BACHMAN
CITY - ST - ZIP	ORLANDO FL
TITLE	PD
NAME	NOFSINGER, MICHAEL R
STREET ADDRESS	4425 WINDERLAKES DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	CS
NAME	MORAN, DONALD
STREET ADDRESS	3018 MASTERS BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	REEMS, ROLAND B
STREET ADDRESS	2045 WOODY DR
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	GROOVER, C. ROY
STREET ADDRESS	1613 ROBERTS LANDING RD
CITY - ST - ZIP	ORLANDO FL
TITLE	ASD
NAME	PAYE, ROBERT
STREET ADDRESS	3018 MASTERS BLVD
CITY - ST - ZIP	ORLANDO FL

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - 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)(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

C. Roy Groover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. ROY GROOVER

5/10/95 (407) 859-2030