

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 429089 (6)

1. Corporation Name

CHRISTIAN DUPLICATIONS INTERNATIONAL, INC.

Principal Place of Business

**1710 LEE ROAD
ORLANDO FL 32810-5340**

Mailing Address

**1710 LEE ROAD
ORLANDO FL 32810-5340**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/25/1973

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22
City & State

27

City & State

24
Zip

25
Country

29
Zip

30
Country

4. FEI Number

59-1447403

Applied For

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. 196.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**TURNER, R.B.
109 SATSUMA DRIVE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and how it applies

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	TURNER, R. B.
STREET ADDRESS	109 SATSUMA DRIVE
CITY - ST - ZIP	ALTAMONTE SPRG. FL
TITLE	V
NAME	TURNER, RUBY B.
STREET ADDRESS	109 SATSUMA DRIVE
CITY - ST - ZIP	ALTAMONTE SPRG. FL
TITLE	P
NAME	WORK, JANET
STREET ADDRESS	2521 THICKET RIDGE
CITY - ST - ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

R. B. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.B. TURNER

27 APRIL 1995

CHAIRMAN

(Date)

(Signature)