

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 488682

(6)

1. Corporation Name

ABS LAMINATING SERVICE, INC.

Principal Place of Business

1920 E. COLONIAL DR.
ORLANDO FL 32803

Mailing Address

1920 E. COLONIAL DR.
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1975

3a. Date of Last Report

03/24/1994

4. FEI Number

59-1653815

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

9. This corporation has liability for intangible tax under S. 190.022,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29

30

9. Name and Address of Current Registered Agent

GREEN, BERTRAM B.
9525 UNIVERSITY BLVD.
ORLANDO FL 32817

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 of agent or person in charge of registered agent, and if not applicable, (401) Registered Agent signature required when new filing)

(401) Registered Agent signature required when new filing

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PD	GREEN, BERTRAM B.	1920 E. COLONIAL DR.	ORLANDO FL
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	Change	Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	Change	Addition

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)(b), Florida Statutes. I further certify that the information indicated on this filing 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any attachment with an address.

SIGNATURE:

Bertram Green

4/27/95

407/898-0757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)