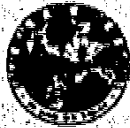


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 516933 (9)

1. Corporation Name

FORMS PRODUCTS MANUFACTURING, INC.

Principal Place of Business

10980 70TH AVE NORTH  
P O BOX 3473  
SEMINOLE FL 34645-0473  
US

Mailing Address

10980 70TH AVE NORTH  
P O BOX 3473  
SEMINOLE FL 34645-0473  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1976

3a. Date of Last Report

04/13/1994

4. FEI Number

59-1715400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under S. 100.022,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PARKER, CARL G.  
5900 CENTRAL AVE  
STE J  
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

EDWARD J. ARRIGHI

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

7077 HARBOR VIEW LANE

83

84 City

SEMINOLE

FL

85 Zip Code

34646

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

*Edward J. Arrighi*  
Signature, typed or printed name of registered agent and the if applicable

EDWARD J. ARRIGHI

4/21/95

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

ARRIGHI, EDWARD J. JR.

STREET ADDRESS

10990 70TH AVENUE N.

CITY - ST - ZIP

SEMINOLE FL

TITLE

TS

NAME

ARRIGHI, CAROL

STREET ADDRESS

7077 HARBOR VIEW LN

CITY - ST - ZIP

SEMINOLE 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

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:

*Edward J. Arrighi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. ARRIGHI

4/21/95

800-237-8907

813-897-2222

Telephone (Area #)