

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 25 AM 10:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 590892 (6)

1. Corporation Name

SARASOTA PRINTING SUPPLY & EQUIPMENT, INC.

Principal Place of Business

**6530 SUPERIOR AVE.
SARASOTA FL 34231**

Mailing Address

**6530 SUPERIOR AVE.
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/24/1978

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1855750

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. 193.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 5307 Ashton Court

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL

Zip

24 34233

Country

25 Sarasota

2a. Mailing Address

26 5307 Ashton Court

Suite, Apt. #, etc.

27

City & State

28 Sarasota, FL

Zip

29 34233

Country

30 Sarasota

9. Name and Address of Current Registered Agent

**MCLAIN, GEORGE R.
1800 SECOND STREET
SUITE 717
SARASOTA FL 34236**

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 title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MAHARAJ, RADHAYKISSOON
3426 CORONADO DR. #1102
SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
MOORE, WILLIAM H.
4790 BRITTANY DR. S
ST. PETERSBURGH 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 a resolver 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, changed, or on an attachment with an address.

SIGNATURE:

Radhaykissoon
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maharaj Radhaykissoon

4/21/95 813 922 0091