

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **596777** (3)

1. Corporation Name

PRECISION GRAFIX OF ORLANDO, INC.



Principal Place of Business

**2316 DIVERSIFIED WAY
ORLANDO FL 32804**

Mailing Address

**2316 DIVERSIFIED WAY
ORLANDO FL 32804**

3. Date Incorporated or Qualified
11/17/1978

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

21 **841 BENNETT ROAD**

Suite, Apt. #, etc.

2a. Mailing Address

26 **841 BENNETT ROAD**

Suite, Apt. #, etc.

4. FEI Number

50-4624771 59-1867916

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. 199.032, Florida Statutes

☐ Yes ☐ No

City & State

23 **ORLANDO, FLORIDA**

Zip Country

24 **32803**

City & State

28 **ORLANDO, FLORIDA**

Zip Country

29 **32803**

30

9. Name and Address of Current Registered Agent

**PHILLIP R. BECHT
2316 DIVERSIFIED WAY
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name **PHILLIP R. BECHT**

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

841 BENNETT ROAD

83

84 City **ORLANDO,**

FL

85

Zip Code **32803**

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

Phillip R. Becht **PHILLIP R. BECHT** **PRESIDENT** **1-26-96**

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **PST** ☐ DELETE

NAME **BECHT PHILLIP R**
STREET ADDRESS **2316 DIVERSIFIED WAY**
CITY-ST-ZIP **ORLANDO, FL 00000**

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **PHILLIP R. BECHT**

1.3 STREET ADDRESS **841 BENNETT ROAD**

1.4 CITY-ST-ZIP **ORLANDO, FLORIDA 32803**

2.1 TITLE **PAMELA S. WHITSON S.T** ☐ Change ☒ Addition

2.2 NAME **841 BENNETT ROAD**

2.3 STREET ADDRESS **ORLANDO, FLORIDA 32803**

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 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 607, Florida Statutes, and that my name appears in Book 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Phillip R. Becht **PHILLIP R. BECHT** **1-26-96** **(407) 896-1050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day Month Year

CR2E034 (12/95)