

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 615033 (8)

1. Corporation Name

ACTION PRINTING SERVICE, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:42**

Principal Place of Business

**1120 WEST KENNEDY BLVD
TAMPA FL 33606**

Mailing Address

**1120 WEST KENNEDY BLVD
TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/22/1979

3a. Date of Last Report

01/21/1994

4. FEI Number

59-1910079

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DOWELL, PATRICIA RAE
1120 W KENNEDY BLVD
TAMPA FL 33606**

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 Agent (Printed name of registered agent and the corporation)

NOTE: Registered Agent signature required when terminating.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DOWELL, JOHN L.	1.2 NAME	
STREET ADDRESS	1120 W KENNEDY BLVD	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	1.4 CITY, ST, ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	DOWELL, PATRICIA R.	2.2 NAME	
STREET ADDRESS	1120 W KENNEDY BLVD	2.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed reliable for the information stated in Section 119.07(2)(b), 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:

P.R. Dowell
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia R. Dowell

Jan. 9, 1995

*(813)
251-6458*
Telephone Number