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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F60876** **(2)**

1. Corporation Name
**FLORIDA ENGRAVING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % RALPH A. WUNSCHEL<br>4027 WEST BUFFALO AVENUE<br>TAMPA FL 33614 | % RALPH A. WUNSCHEL<br>4027 WEST BUFFALO AVENUE<br>TAMPA FL 33614 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1982
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 4027 W. M.L. King Blv
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 4027 W. M.L. King Blvd
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2151595 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

WUNSCHEL, RALPH A.
4027 WEST BUFFALO AVENUE
TAMPA FL 33614

**10. Name and Address of New Registered Agent**

81 Name: Patricia A. Wunschel
82 Street Address (P.O. Box Number is Not Acceptable): 4203 W. Ohio Ave.
83:
84 City: Tampa **FL** 85 Zip Code: 33614

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: Patricia A. Wunschel Pres. Patricia A. Wunschel 4-15-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | P | ☒ Change ☐ Addition |
| NAME | WUNSCHEL, RALPH A | 12 NAME | Patricia A. Wunschel | |
| STREET ADDRESS | 4203 W OHIO | 13 STREET ADDRESS | 4203 W. Ohio | |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | Tampa, Fl 33614 | |
| TITLE | V | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | WUNSCHEL, LEE D | 22 NAME | | |
| STREET ADDRESS | 7031 SHOOTERS HILL | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | TOLEDO OH | 24 CITY-ST-ZIP | | |
| TITLE | ST | 31 TITLE | ST | ☒ Change ☐ Addition |
| NAME | WUNSCHEL, PATRICIA A | 32 NAME | Cynthia A. Fennell | |
| STREET ADDRESS | 4203 W OHIO | 33 STREET ADDRESS | 2428 S. Ramona Circle | |
| CITY-ST-ZIP | TAMPA FL | 34 CITY-ST-ZIP | Tampa, FL 33612 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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)(i), 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:** Patricia A Wunschel 4-15-95 (813) 876-1098
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA A. WUNSCHEL

0443110 FP