

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

DOCUMENT # F83317

(0)

1. Corporation Name

PRECISION ART BUSINESS FORMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:45

Principal Place of Business

168 MAIN ST
SEBASTIAN FL 32958

Mailing Address

168 MAIN ST
SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/01/1982

3a. Date of Last Report

01/20/1994

2. Principal Place of Business

21 950 Genesee Ave

2a. Mailing Address

26 950 Genesee Ave

4. FEI Number

59-2206566

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 Sebastian FL

City & State

28 Sebastian FL

Zip

24 32958

Country

25 I R

Zip

29 32958

Country

30 I R

9. Name and Address of Current Registered Agent

SHIELDS, ROBERT C

168 MAIN ST

SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

950 Genesee Ave.

B3

B4 City

Sebastian

FL

B5 Zip Code

32958

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 fee if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	SHIELDS, ROBERT C	1.2 NAME	
STREET ADDRESS	168 MAIN STREET	1.3 STREET ADDRESS	950 Genesee Ave
CITY - ST - ZIP	SEBASTIAN FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	SHIELDS, CARRIE M	2.2 NAME	
STREET ADDRESS	168 MAIN STREET	2.3 STREET ADDRESS	950 Genesee Ave
CITY - ST - ZIP	SEBASTIAN FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	SHIELDS, ROBERT C	3.2 NAME	
STREET ADDRESS	168 MAIN STREET	3.3 STREET ADDRESS	950 Genesee Ave
CITY - ST - ZIP	SEBASTIAN FL	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 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)(b), Florida Statutes. I further certify that the information stated 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 if changed, or on an attached print with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DRIVING OFFICER OR DIRECTOR

1/9/95

407-589-4591