

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G79927

(1)

1. Corporation Name

ARJAY PRINTING COMPANY

FILED
95 JUL 21 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

6304 N PEARL ST.
JACKSONVILLE FL 32208

Mailing Address

6304 N PEARL ST.
JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1984

3a. Date of Last Report

07/12/1994

4. FEI Number

59-2373697

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 6304 N. Pearl Street

2a. Mailing Address

26 6304 N. Pearl Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

25 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32208

Country

25 U.S.A.

Zip

29 32208

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

FRASER, KENNETH L
505 LANCASTER ST.
JACKSONVILLE FL 32204

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.

7/13/95

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

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

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

FRASER, KEN

14420 SEAFARER DR.

JACKSONVILLE BCH. FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DS

FRASER, ELLEN

14420 SEAFARER DR.

JACKSONVILLE BCH. 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.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/95

(904) 764-6070