

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

50 MAY -1 AM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G85385

(4)

1. Corporation Name:

AMERIQUEQUICK INSTANT PRINTING, INC.

Principal Place of Business:

**315 E. STRAWBRIDGE AVE.
MELBOURNE FL 32901**

Mailing Address:

**315 E. STRAWBRIDGE AVE.
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

02/20/1984

3a. Date of Last Report:

05/19/1994

4. FEI Number:

59-2362289

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. Has corporation filed liability for intangible tax under S. 199.032,
Florida Statutes? ☐ Yes ☐ No

2. Principal Place of Business:

2a. Mailing Address:

21

26

Suite, Apt. #, etc.:

Suite, Apt. #, etc.:

22

27

City & State:

City & State:

23

28

Zip:

Country:

Zip:

Country:

24

29

9. Name and Address of Current Registered Agent:

10. Name and Address of New Registered Agent:

**FISHER, CHARLES M.
315 E. STRAWBRIDGE AVE.
MELBOURNE FL 32901**

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, Sections 607.0505, Florida Statutes.

SIGNATURE:

(Agent or Agent-in-Charge of registered office - must be provided)

(Agent or Registered Agent-in-Charge - required after 10/1/93)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

TITLE	V
NAME	FISHER, CHARLES M.
STREET ADDRESS	394 ARROWHEAD LANE
CITY, ST, ZIP	MELBOURNE BCH FL
TITLE	PD
NAME	ARBuckle, MARIANNE
STREET ADDRESS	1111 GRAPEFRUIT RD. S.E.
CITY, ST, ZIP	PALM BAY 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	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(a), 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 1, or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 67646-3533