

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 MAY 16 AM 8:15****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # H35677****(4)**

1. Corporation Name

MIDWEST BLUEPRINT COPY CO., INC.

Principal Place of Business

Mailing Address

**% RICHARD M. VOGEL
2206 TRADE CENTER WAY
NAPLES FL 33942****% RICHARD M. VOGEL
2206 TRADE CENTER WAY
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1984

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2502621

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

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VOGEL, RICHARD M.
3936 TAMiami TRAIL NORTH, SUITE "A"
NAPLES FL 33940**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

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

TITLE	D
NAME	HOVLAND, SUSAN F.
STREET ADDRESS	11983 N TAMiami TRL
CITY - ST - ZIP	NAPLES FL
TITLE	V
NAME	BECKENDORF, JAMES F
STREET ADDRESS	2881 47TH TERR SW
CITY - ST - ZIP	NAPLES FL
TITLE	DP
NAME	VOGEL, PATRICIA A.
STREET ADDRESS	3936 TAMiami TRAIL NORTH
CITY - ST - ZIP	NAPLES FL
TITLE	V
NAME	VOGEL, JOEL D.
STREET ADDRESS	2030 GORDON DR
CITY - ST - ZIP	NAPLES FL
TITLE	ST
NAME	VOGEL, RICHARD M.
STREET ADDRESS	3936 TAMiami TRAIL NO.
CITY - ST - ZIP	NAPLES FL
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 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel D. Vogel**5/11/95****813-566-2214**