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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:16

DOCUMENT # H75606 (4)

1. Corporation Name

GRAPHIC ARCHITECTURAL MARKETING AND ARTS INC.

Principal Place of Business

2165 MAIN STR  
STE C  
SARASOTA FL 34236  
US

Mailing Address

PO BOX 15443  
SARASOTA FL 34277  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/12/1985

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2672942

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

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 355 MONROE DR  
Suite, Apt. #, etc.

22 97 ADELPHI DR  
City & State

23 SARASOTA, FL  
Zip

24 34236 Country

2a. Mailing Address

26 P.O. BOX 15443  
Suite, Apt. #, etc.

27 SARASOTA, FL  
City & State

28 SARASOTA, FL  
Zip

29 34277 Country

9. Name and Address of Current Registered Agent

ORGAZ, JOSEPH P  
736 HARMS DR  
OSPREY FL 34229

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ORGAZ, JOSEPH P  
STREET ADDRESS 736 HARMS DR  
CITY- ST- ZIP OSPREY FL

TITLE V  
NAME ORGAZ, JOSEPH P  
STREET ADDRESS 736 HARMS DR  
CITY- ST- ZIP SARASOTA FL

TITLE S  
NAME ORGAZ, JOSEPH P  
STREET ADDRESS 736 HARMS DR  
CITY- ST- ZIP SARASOTA FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 355 MONROE DR.

1.4 CITY- ST- ZIP SARASOTA, FL 34236

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)(k), 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:

JOSEPH P. ORGAZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/95

942-483-4328