

**CORPORATION
ANNUAL REPORT**

1995



FLORIDA DEPARTMENT OF STATE
Gerald R. Markham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J76134

(2)

1. Corporation Name

ALL SCREEN SERVICE, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 26 AM 8:21

Principal Place of Business

**% JOSEPH F. SUMLIN
137 WILLOW AVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**% JOSEPH F. SUMLIN
137 WILLOW AVE
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/28/1987

3a. Date of Last Report

08/04/1994

4. FEI Number

59-2811971

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**

5. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 234 E 8th St

Suite, Apt. #, etc.

22

City & State

23 APOPKA FL

Zip

24 32703

County

25

2a. Mailing Address

26 234 E 8th St

Suite, Apt. #, etc.

27

City & State

28 APOPKA, FL

Zip

29 32703

Country

30

9. Name and Address of Current Registered Agent

**SUMLIN, JOSEPH F.
137 WILLOW AVE
ALTAMONTE SPRINGS FL 32714**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUMLIN, JOSEPH F.
STREET ADDRESS	234 EAST 8TH STREET
CITY - ST - ZIP	APOPKA FL
TITLE	D
NAME	SUMLIN, JOSEPH ALLEN
STREET ADDRESS	234 EAST 8TH STREET
CITY - ST - ZIP	APOPKA 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	
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 110.07(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, upon an attachment with an address.

SIGNATURE:

SIGNATURE ALSO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-95

407-889-7899

Date

(Machine Name)