

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J81664 (1)**

1. Corporation Name

**GRAPHIC IMPRESSIONS, INCORPORATED**



Principal Place of Business

1688 LIVINGSTONE PL  
HUDSON WI 54016

Mailing Address

P.O. BOX 546  
HUDSON WI 54016

3. Date Incorporated or Qualified <b>07/06/1987</b>	3a. Date of Last Report <b>09/28/1995</b>
4. FEI Number <b>36-3525352</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>% Gary St. Vincent</b>
22 City & State	27 <b>9345 L Westbury Woods Dr.</b>
23 Zip	28 <b>Charlotte, NC</b>
24 Country	29 <b>28277</b>
	30 <b>Mecklenburg</b>

9. Name and Address of Current Registered Agent

**AMATO, LOUIS X  
350 5TH AVENUE SOUTH  
SUITE 200  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 of Registered Agent (Print Name and Title) \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAYNOR, GLEN</b>	1.2 NAME	
STREET ADDRESS	<b>1706 LAUREL AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON WI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST. VINCENT, GARY</b>	2.2 NAME	
STREET ADDRESS	<b>1814 FAIRWAY DRIVE</b>	2.3 STREET ADDRESS	<b>9345 L Westbury Woods Dr.</b>
CITY-ST-ZIP	<b>HUDSON WI</b>	2.4 CITY-ST-ZIP	<b>Charlotte, NC 28277</b>
TITLE	<b>PCD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNGBERG, DARRELL</b>	3.2 NAME	
STREET ADDRESS	<b>220 IVERSON CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON WI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, JAMES</b>	4.2 NAME	
STREET ADDRESS	<b>585 COUNTY ROAD N.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON WI</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 12 or Block 13 if changed. (An attachment with an address)

SIGNATURE: *Gary R. St. Vincent* **Gary R. St. Vincent, Treasurer** 4.29.96 704.552.0553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)