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 APR 20 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J95616** **(5)**

1. Corporation Name
FOUR-D GRAPHICS, INC.

Principal Place of Business	Mailing Address
~~6618 US HIGHWAY 19~~ ~~NEW PORT RICHEY FL 34652~~	~~6618 US HIGHWAY 19~~ ~~NEW PORT RICHEY FL 34652~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/29/1987
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business	2a. Mailing Address
21 7255 FOREST OAKS BLV'D.	26 7255 FOREST OAKS BLV'D.
Suite, Apt. #, etc. 22 SUITE I	Suite, Apt. #, etc. 27 SUITE I
City & State 23 SPRING HILL, FL.	City & State 28 SPRING HILL, FL.
Zip / Country 24 34606 / 25 HERNANDO	Zip / Country 29 34606 / 30 HERNANDO

4. FEI Number: 59-2849133 ☐ 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

9. Name and Address of Current Registered Agent

DENENKAMP, FRED A.
~~6618 U.S. HWY 19~~
NEW PORT RICHEY FL 34652-9739

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7255 FOREST OAKS BLVD
83 SUITE I
84 City: SPRING HILL **FL** 85 Zip Code: 34606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	☒ Change	☐ Addition
NAME	DENENKAMP FRED A.	1.2 NAME		
STREET ADDRESS	~~6618 U.S. HWY 19~~	1.3 STREET ADDRESS	7255 FOREST OAKS BLV'D SUITE I	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	SPRING HILL, FL. 34606	
TITLE	VSD	2.1 TITLE	☒ Change	☐ Addition
NAME	DENENKAMP, HEDY	2.2 NAME		
STREET ADDRESS	~~6618 U.S. HWY 19~~	2.3 STREET ADDRESS	7255 FOREST OAKS BLV'D SUITE I	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	SPRING HILL FL. 34606	
TITLE		3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ 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)(i), 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: Fred A. Denenkamp Fred A Denenkamp 4/16/95 (904) 666-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043947 CP