SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:43

DOCUMENT # **K41996** **(5)**

1. Corporation Name
ACE QUALITY PRINTING, INC.

Principal Place of Business	Mailing Address
% MICHAEL WILKS ~~1193 E. ALTAMONTE DRIVE~~ ALTAMONTE SPRINGS FL 32701	% MICHAEL WILKS ~~1193 E. ALTAMONTE DRIVE~~ ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1988
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business	2a. Mailing Address
21 MICHAEL WILKS	26 MICHAEL WILKS
Suite, Apt. #, etc. 22 538 ORANGE DR #26	Suite, Apt. #, etc. 27 538 ORANGE DR #26
City & State 23 ALTAMONTE SPRINGS, FL	City & State 28 ALTAMONTE SPRINGS, FL
Zip / Country 24 32701 / 25 SEMINOLE	Zip / Country 29 32701 / 30 SEMINOLE

4. FEI Number: 59-2913219 ☐ 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	10. Name and Address of New Registered Agent
WILKS, MICHAEL ~~1193 E. ALTAMONTE DRIVE~~ ALTAMONTE SPRINGS FL 32701	81 Name: WILKS, MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable): 538 ORANGE DR #26 83 84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32701

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	DPS	☒ Change ☐ Addition
NAME	WILKS, MICHAEL	12 NAME	MICHAEL WILKS	
STREET ADDRESS	1193 EAST ALTAMONTE DR.	13 STREET ADDRESS	538 ORANGE DR #26	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	14 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: MICHAEL WILKS - Michael Wilks 6-19-95 407-391-8272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001 CP