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 MAY -1 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56248 (3)

1. Corporation Name
CREATIVE PRINTING & BUSINESS FORMS, INC.

Principal Place of Business	Mailing Address
% TERRY W MOSES 4710 LAND O LAKES BLVD LAND O LAKES FL 34639	% TERRY W MOSES 4710 LAND O LAKES BLVD LAND O LAKES FL 34639

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2922477 ☐ 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
7. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MOSES, TERRY W.
4710 LAND O' LAKES BLVD., SUITE #18
LAND O LAKES FL 34639

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 _____ 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	DVTS	11 TITLE	☐ Change ☐ Addition
NAME	MOSES, TERRY W.	12 NAME	
STREET ADDRESS	22020 HEATHERWOOD LN	13 STREET ADDRESS	
CITY ST ZIP	LAND O LAKES FL 34639	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MOSES, JOANNE	22 NAME	
STREET ADDRESS	22020 HEATHERWOOD LN	23 STREET ADDRESS	
CITY ST ZIP	LAND O LAKES FL 34639	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MOSES, MICHAEL	32 NAME	
STREET ADDRESS	~~18106 RIGGINS RD~~ 1903 OAK CREEK CIR.	33 STREET ADDRESS	
CITY ST ZIP	~~SPRING HILL FL~~ LUTZ FL 33549	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MOSES, MARK	42 NAME	
STREET ADDRESS	~~102 RUSTIC LODGE LN~~ 22205 REESER LN	43 STREET ADDRESS	
CITY ST ZIP	LAND O'LAKES FL	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	

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: Terry W Moses, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/28/95 (813) 996-2209
Date Daytime Phone #

0371111 CP