

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 9:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L17134 (2)

1. Corporation Name

AMERICAN PRINTING & GRAPHICS, INC.

Principal Place of Business

**6304 BENJAMIN RD., SUITE 504
TAMPA FL 33634**

Mailing Address

**6304 BENJAMIN RD., SUITE 504
TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1989

3a. Date of Last Report

04/25/1994

4. FEI Number

59-3019405

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 S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4803 GEORGE RD., SUITE 305

2a. Mailing Address

26 4803 GEORGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SUITE 305

City & State

City & State

23 TAMPA FL

28 TAMPA FL

24 33634

25 HUSBOROUGH

29 33634

30 HUSBOROUGH

9. Name and Address of Current Registered Agent

**MITCHELL, WILLIAM F.
6304 BENJAMIN ROAD, SUITE 504
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

4803 GEORGE ROAD, SUITE 305

83

84 City

TAMPA

FL

85 Zip Code 33634

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	LADISLAS, JAMES R.	1906 N. 86TH STREET	TAMPA FL
V	BICKFORD, KATHRYN V.	11450-129TH AVE. N.	LARGO FL
ST	MITCHELL, WILLIAM F.	7930 BAY POINTE DR A-23	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95 813 886-7000