

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L80236**

(7)

1. Corporation Name

HOSPITALITY GRAPHICS, INC.



Principal Place of Business

% JAMES W. KLINE
4871 SHORELINE CIR.
SANFORD FL 32771
US

Mailing Address

% JAMES W. KLINE
180 S. KNOWLES AVE.
WINTER PARK FL 32789

2. Principal Place of Business

21 **2700 WESTHALL LANE**

Suite, Apt. #, etc.

22 **SUITE 130**

City & State

23 **MAITLAND, FL.**

Zip

24 **32751**

Country

2a. Mailing Address

26 **2700 WESTHALL LANE**

Suite, Apt. #, etc.

27 **SUITE 130**

City & State

28 **MAITLAND, FL.**

Zip

29 **32751**

Country

9. Name and Address of Current Registered Agent

KLINE, JAMES W.
180 S. KNOWLES AVE.
WINTER PARK FL 32789

3. Date Incorporated or Qualified

06/14/1990

3a. Date of Last Report

03/24/1995

4. FEI Number

59-3024672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Signature of the person filing this report (if not the registered agent)

Signature of the new registered agent (if not the person filing this report)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPTS
STACY, JAMES R.**
STREET ADDRESS **4871 SHORELINE CIR.**
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. STACY

4/19/96

407-660-1919

Daytime Phone #

CR2E034 (12/95)