

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Norrman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90139

(1)

1. Corporation Name

THE PERFECT TYPE, INC.

Principal Place of Business

**210 LIVE OAK BLVD.
CASSELBERRY FL 32707**

Mailing Address

**210 LIVE OAK BLVD.
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1990

3a. Date of Last Report

04/18/1994

4. FEI Number

59-3019845

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. 190.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

State Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ANDERSON, CHERYL
210 LIVE OAK BLVD.
CASSELBERRY FL 32707**

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 607.1502 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 607.0905, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Officer of Corporation)

(Signature of New Registered Agent or Officer of Corporation)

(Signature)

12. OFFICERS AND DIRECTORS

12

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

**PT
ANDERSON, CHERYL
210 LIVE OAK BLVD.
CASSELBERRY FL**

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

☐ Change ☐ Addition

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

☐ Change ☐ Addition

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 190.031-190.034, Florida Statutes. I further certify that the information furnished on this annual report is true and correct 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 an officer 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 of this report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4-28-95 (907) 767-2008