

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

CORPORATION
ANNUAL REPORT



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

**APPROVED
AND
FILED**

97 MAY -9 AM 9:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L94215 (5)

1. Corporation Name

HIGH COTTON GRAPHICS, INC.

Principal Place of Business

Mailing Address

**580-2 PINE ISLAND RD.
N. FORT MYERS FL 33903**

**580-2 PINE ISLAND RD.
N. FORT MYERS FL 33903**

**1873 N. TAMiami TRAIL
N. FORT MYERS, FL 33903**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1990

3a. Date of Last Report

08/30/1994

4. FEI Number

65-0213505

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

2. Principal Place of Business

2a. Mailing Address

1873 N. TAMiami Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N FT. MYERS FL.

Zip

33903

Country

Country

USA

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIFRIN, SHARI

**580-2 PINE ISLAND RD.
N. FT. MYERS FL 33903**

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 type for use by name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
SHIFRIN, SHARI
9061 SAN CARLOS BLVD.
FT. MYERS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
**600002106908-08 on
-05/21/97--01098--005
****165.00 ****165.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**ST
CROUCH, RAY W.
1884 C. FLORRIE CT.
N. FT. MYERS FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-97 941

995-7680