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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M77822

(8)

1. Corporation Name

CANAVERAL TECHNIGRAPHICS CO.

Principal Place of Business
8680 N ATLANTIC AVENUE
P O BOX 1630
CAPE CANAVERAL FL 32920

Mailing Address
8680 N ATLANTIC AVENUE
P O BOX 1630
CAPE CANAVERAL FL 32920-1630

3. Date Incorporated or Qualified
04/25/1988

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2891977

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOTTLER, RICHARD H. JR.
8680 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME STOTTLER, RICHARD H., JR.
STREET ADDRESS 8680 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LEWIS, JAMES C.
STREET ADDRESS 8680 BN. ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL FL

☐ DELETE

21 TITLE DS
22 NAME
23 STREET ADDRESS 7980 N. ATLANTIC AVENUE
24 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

☒ Change ☐ Addition

TITLE D
NAME LARKAM, GARY
STREET ADDRESS 8680 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME COWELL, ROY F
STREET ADDRESS 7980 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL FL

☒ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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: *Richard H. Stottler, Jr.* Richard H. Stottler, Jr., President 4-4-97 (407) 789-1320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0101878

CR2E034 (9/96)