NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:53

DOCUMENT # N94000004081 (5)

1. Corporation Name
FLORIDA SCREEN PRINTING ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
750 WEST LUMSDEN ROAD BRANDON FL 33511	~~750 WEST LUMSDEN ROAD~~ ~~BRANDON FL 33511~~

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report:
4. FEI Number: 59-3323332 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 61492
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 St Petersburg, FL
Zip 24 / Country 25	29 33784 / Country 30 US

9. Name and Address of Current Registered Agent

CURRY, CLIFTON C JR
750 WEST LUMSDEN ROAD
BRANDON FL 33511

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			XX Change ☐ Addition
TITLE	PD	1.1 TITLE	PD
NAME	TAYLOR, JAMES	1.2 NAME	BLECHTA, BILL
STREET ADDRESS	10104 CEDAR RUN	1.3 STREET ADDRESS	2310 WHITFIELD PARK AVE.
CITY-ST-ZIP	TAMPA FL 33619	1.4 CITY-ST-ZIP	~~SARASOTA, FL 34243~~
			☐ Change ☐ Addition
TITLE	VD	2.1 TITLE	VD XX
NAME	BLECHTA, BILL	2.2 NAME	SHIFRIN, SHARI
STREET ADDRESS	2310 WHITFIELD PARK AVE.	2.3 STREET ADDRESS	1873 N. TAMIAMI TRAIL
CITY-ST-ZIP	SARASOTA FL 34243	2.4 CITY-ST-ZIP	~~N. FT. MYERS, FL 33903~~
			☐ Change ☐ Addition
TITLE	SD	3.1 TITLE	
NAME	ROTH, ALISON	3.2 NAME	
STREET ADDRESS	311 PARK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	3.4 CITY-ST-ZIP	
			☐ Change ☐ Addition
TITLE	TD	4.1 TITLE	
NAME	HARRIS, ROBERT	4.2 NAME	
STREET ADDRESS	4773 58TH AVENUE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	4.4 CITY-ST-ZIP	
			☐ Change ☐ Addition
TITLE	D	5.1 TITLE	
NAME	DICKINSON, BILL	5.2 NAME	
STREET ADDRESS	102 SEMORAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32704	5.4 CITY-ST-ZIP	
			☐ Change ☐ Addition
TITLE	D	6.1 TITLE	
NAME	GOBEN, TOM	6.2 NAME	
STREET ADDRESS	13183 38TH STREET NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622	6.4 CITY-ST-ZIP	

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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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Robert Harris, Treasurer Robert Harris, Treasurer 7/13/95 (813) 522-6619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012269