FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N94000004081 (5)

1. Corporation Name

FLORIDA SCREEN PRINTING ASSOCIATION, INC.

Principal Place of Business

750 WEST LUMSDEN ROAD
BRANDON FL 33511

Mailing Address

P O BOX 61492
ST PETERSBURG FL 33784
US

3. Date Incorporated or Qualified: 08/22/1994

3a. Date of Last Report: 08/04/1995

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

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

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

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 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 ______

12. OFFICERS AND DIRECTORS

Field	Value	
TITLE	PD	☒ DELETE
NAME	TAYLOR, JAMES	
STREET ADDRESS	2310 WHITFIELD PARK AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	☐ DELETE
NAME	SHIFRIN, SHARI	
STREET ADDRESS	1873 N TAMIAMI TR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	SD	☐ DELETE
NAME	ROTH, ALISON	
STREET ADDRESS	311 PARK BLVD.	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TD	☐ DELETE
NAME	HARRIS, ROBERT	
STREET ADDRESS	4773 58TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	D	☐ DELETE
NAME	DICKINSON, BILL	
STREET ADDRESS	102 SEMORAN	
CITY-ST-ZIP	APOPKA FL 32704	
TITLE	D	☐ DELETE
NAME	GOBEN, TOM	
STREET ADDRESS	13183 38TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 34622	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	
1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Bill Blechta	
1.3 STREET ADDRESS	2310 Whitfield Park Ave	
1.4 CITY-ST-ZIP	Sarasota, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Harris — Robert Harris, Trasurer — 1-23-96 — (813)522-6619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)