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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

750 WEST LUMSDEN ROAD
BRANDON FL 33511P O BOX 61492
ST PETERSBURG FL 33784-1492
US3. Date Incorporated or Qualified
08/22/19943a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-3323332

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

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

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

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 PD
NAME BLECHTA, BELL
STREET ADDRESS 2310 WHITFIELD PARK AVE
CITY-ST-ZIP SARASOTA FL☐ DELETE1.1 TITLE PD
1.2 NAME HARRIS, ROBERT
1.3 STREET ADDRESS 4773 58 Avenue N.
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33714☒ Change ☐ AdditionTITLE ~~PD~~ D
NAME SHIFRIN, SHARI
STREET ADDRESS 1873 N TAMIAMI TR
CITY-ST-ZIP N FT MYERS FL☐ DELETE2.1 TITLE VD
2.2 NAME Tom Gobin
2.3 STREET ADDRESS 549 W. 13th St.
2.4 CITY-ST-ZIP APOPKA, FL 32703☒ Change ☐ AdditionTITLE ~~PD~~ D
NAME ROTH, ALISON
STREET ADDRESS 311 PARK BLVD.
CITY-ST-ZIP OLDSMAR FL 34677☐ DELETE3.1 TITLE SD
3.2 NAME CHRISTINA SERRANO
3.3 STREET ADDRESS 549 W. 13th St.
3.4 CITY-ST-ZIP APOPKA, FL 32703☐ Change ☒ AdditionTITLE TD
NAME HARRIS, ROBERT
STREET ADDRESS 4773 58TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714☐ DELETE4.1 TITLE TP
4.2 NAME Harry Ellis
4.3 STREET ADDRESS 11575 47th St. N.
4.4 CITY-ST-ZIP Clearwater, FL 34622☐ Change ☒ AdditionTITLE D
NAME DICKINSON, BILL
STREET ADDRESS 102 SEMORAN
CITY-ST-ZIP APOPKA FL 32704☒ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME GOBIN, TOM
STREET ADDRESS 13183 38TH STREET NORTH
CITY-ST-ZIP CLEARWATER FL 34622☐ DELETE6.1 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 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:

Sandra B. Mortham
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052237

CR2E037 (9/96)