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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEÑT OF STÂTE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P92000008368 (2) **DOCUMENT #** 

GONZALEZ DRAFTING SERVICE, INC.

Principal Pla	ice of Business	5	
124 S. M OCALA F US	AGNOLIA L 34474		

Mailing Address

124 S. MAGNOLIA **OCALA FL 34474** 

			11/20/1992
2. Principal Place of Business	2a. Mailing Address 26	<u> </u>	
Suite, Apt. #. etc.	<u> </u>		
Oity & State	City & State		Election Campaign F     Trust Fund Contribut
Zip Coun	try Zip	Country	8. This corporation has

\$8.75 Additional f Status Desired Fee Required **ΦΕ ΔΔ ...** 

3a. Date of Last Report

05/01/1995

Applied For

Not Applicable

О.	Election Campaign Financing	רח	<b>33.00</b> May Be		
	Trust Fund Contribution		Adde	to Fees	
8.	This corporation has liability for	intangible	tax under s	199.032,	
	Florida Statutes	s 🔲 No			

	9.	Name and	Address	of Curren	t Registered	d Agent
GONZA	LEZ	, WILLIAM				
10850	SE 1	41 AVE RO	)			
<b>OCKLA</b>	WAH	IA FL 3217	'9			

	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

3. Date Incorporated or Qualified

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44	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.
11.	Pursuant to the provisions of sections of the Appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am
	as both, in the Ctate of Florida, Such change was authorized by the corneration is board of directors. I hereby accept the appointment as registered agent, i am
	or registered agent, or both, in the State or normal about change was admonited by the co-portrol of a certain and a first and a certain a certain and a cer
	familiar with and accept the obligations of Section 607 0505. Florida Statutes.

familiar witi	<ol> <li>and accept the obligations or, Section t</li> </ol>	JOT JUSTKI, FIUITUA STATUTES.	•	
SIGNATURE.	Signature, by section printed name of registerical agent and the	bortapposisis (N.)	TE: Registered Agent signal are respond	where resolving DATE
12. / OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOLE	PVST	☐ DELETE	1.11tft.f	Change Addition
NAME	GONZALEZ, WILLIAM		: 12 NAME	
STREET ADDRESS	10850 SE 141 AVE RD		1.3 STREET ADDRESS	
City-St-ZiP	OCKLAWAHA FL 32179		1.4 CITY - ST - ZIP	
TITLE	D	☐ DELETE	2 1 TITLE	Change Addition
NAME.	GONZALEZ, WILLIAM		2.2 NAME	
STREET ADORESS	10850 SE 141 AVE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL 32179		2.4 C(TV - ST - ZIP	
TITLE		☐ DELETE	3 1 TITLE .	Change Add tion
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY - \$1 - 7IP	200001800182
TITLE		DELÉTE	4 1 Till: E	-04/29/96011360□2hange □ Addition
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TITLE	☐ DELETE	3 1 11111111111111111111111111111111111		Mad (1011
NAMÉ		3.2 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY - \$1 - 7IP	200001800182	
TITLE	DELÉTE.	4 1 TiT: E	-04/29/96011360 <b>1</b> 12hange	Addition
NAME		4.2 NAME	***280.00	
STREET ADDRESS		4.3 STREET ADORESS		
CiTY-ST-ZIP		44 CHY-ST ZIP		
TITLE	☐ DELETE	5 1 TI'LE	Change	☐ Addition
NAME		52 NAME		
STREET ADORESS		5 3 STREET ADDRESS		
CITY-SI-ZIP		5 4 CITY - ST ZIP		
THTLE	☐ DELETE	€ 1 TiTLE	☐ Change	Additio

CITY-ST-2IP ished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes, I further up report is true and accurate and that my signature shall have the same legal effect as if made under empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied for this filing is certify that the information indicated on this characteristic all report or sports. That I am an officer or direction of the paration or the appears in Block 12 or Block Connection of the process of the

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

THTLE

NAME

STREET ADDRESS

William Gonzalez 4/25/96 352-867-1928 ER OR DIRECTOR

CR2E034 (12/95)