

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000016750 (0)

1. Corporation Name

GRAPHIC IMPRESSIONS OF FLAGLER COUNTY, INC.



Principal Place of Business

Mailing Address

3-E MARKET PLACE  
PALM COAST INDUSTRIAL PARK  
PALM COAST FL 32137

3-E MARKET PLACE  
PALM COAST INDUSTRIAL PARK  
PALM COAST FL 32137

3. Date Incorporated or Qualified

02/26/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3165773

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

2a. Mailing Address

21 2-C Market Place

26 2-C Market Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Palm Coast, Fl.

28 Palm Coast, Fl.

24 Zip

Country

29 Zip

Country

32137

32137

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSEN, KENNETH R  
FOUR CAYUGA COURT  
PALM COAST FL 32137

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

*Kenneth R. Hansen* KENNETH R. HANSEN

4/20/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS HANSEN, KENNETH R  
CITY-ST-ZIP FOUR CAYUGA COURT  
PALM COAST FL 32137

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS HANSEN, ROBIN J  
CITY-ST-ZIP SEVEN WARNER PLACE  
PALM COAST FL 32137

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS HANSEN, ROSALIE E  
CITY-ST-ZIP FOUR CAYUGA COURT  
PALM COAST FL 32137

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 6 White Feather Lane  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH R. HANSEN

4/24/96

Daytime Phone #

904 450244

CR2E034 (12/95)