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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000016750 (0)

1. Corporation Name:

GRAPHIC IMPRESSIONS OF FLAGLER COUNTY, INC.



Principal Place of Business:

2-C MARKET PLACE  
PALM COAST FL 32137  
US

Mailing Address:

2-C MARKET PLACE  
PALM COAST FL 32137-5105  
US

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State:

23 Zip:

Country

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State:

28 Zip:

Country

3. Date Incorporated or Qualified:

02/26/1993

3a. Date of Last Report:

05/01/1996

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 ☐

9. Name and Address of Current Registered Agent:

HANSEN, KENNETH R  
FOUR CAYUGA COURT  
PALM COAST FL 32137

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 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:

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE: SD  
NAME: HANSEN, ROBIN J  
STREET ADDRESS: 6 WHITE FEATHER LANE  
CITY-ST-ZIP: PALM COAST FL

☐ DELETE

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

☐ DELETE

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ DELETE

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ DELETE

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

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 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 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

4/21/97 904445024x  
Date Daytime Phone #

0023712

CR2E034 (9/96)