

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

05 MAY - 1 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052300 (9)
1. Corporation Name:
AMERIGRAPHICS SIGNS & DESIGNS OF FLORIDA, INC.

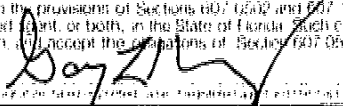
Principal Place of Business: 540 N HWY 434 #536A ALTAMONTE SPRINGS FL 32714	Mailing Address: 540 N HWY 434 #536A ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21		2a. Mailing Address: 26		3. Date Incorporated or Qualified: 07/22/1993	3a. Date of Last Report: 07/07/1994
State, Apt. #, etc. 22		State, Apt. #, etc. 27		4. FEI Number: 59-3204603	Applied For: ☐ Not Applicable
City & State: 23		City & State: 28		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
Zip: 24		Zip: 29		6. Election Campaign Financing: Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country: 25		Country: 30		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

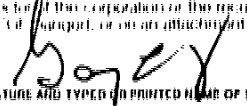
9. Name and Address of Current Registered Agent: HOENIG, GARY L 540 N HWY 434 #536A ALTAMONTE SPRINGS FL 32714		10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: FL 85 Zip Code:	
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11. 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 authorized to accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE:  4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D HOENIG, GARY L	12.2 STREET ADDRESS: 540 N HWY 434 #536A	13.1 NAME:	☐ Change ☐ Addition
12.3 CITY, ST., ZIP: ALTAMONTE SPRINGS FL 32714		13.2 STREET ADDRESS:	
12.4 CITY, ST., ZIP:		13.3 CITY, ST., ZIP:	☐ Change ☐ Addition
12.5 NAME:		13.4 NAME:	
12.6 STREET ADDRESS:		13.5 STREET ADDRESS:	
12.7 CITY, ST., ZIP:		13.6 CITY, ST., ZIP:	☐ Change ☐ Addition
12.8 NAME:		13.7 NAME:	
12.9 STREET ADDRESS:		13.8 STREET ADDRESS:	
12.10 CITY, ST., ZIP:		13.9 CITY, ST., ZIP:	☐ Change ☐ Addition
12.11 NAME:		13.10 NAME:	
12.12 STREET ADDRESS:		13.11 STREET ADDRESS:	
12.13 CITY, ST., ZIP:		13.12 CITY, ST., ZIP:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 199.031 (b)(4), Florida Statutes. I further certify that the information included in this annual report or supplementary 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 manager or member empowered to execute this report as required by Chapter 199.031 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:  4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR