FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000052300 (9)**

1. Corporation Name

AMERIGRAPHICS SIGNS & DESIGNS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
540 N HWY 434 #536A ALTAMONTE SPRINGS FL 32714	540 N HWY 434 #536A ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/22/1993**	3a. Date of Last Report: **07/07/1994**
4. FEI Number: **59-3204603**	☐ 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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

HOENIG, GARY L
540 N HWU 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

11. Pursuant to the provisions of Section 607.0502 and 607.150(8), 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] 4/28/95
(Typed or printed name of person signing) (Title of person signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12 Title	D	13 Title	☐ Change ☐ Addition
12 Name	HOENIG, GARY L	13 Name	
12 Street Address	540 N HWY 434 #536A	13 Street Address	
12 City-St-Zip	ALTAMONTE SPRINGS FL 32714	13 City-St-Zip	
14 Title		15 Title	☐ Change ☐ Addition
14 Name		15 Name	
14 Street Address		15 Street Address	
14 City-St-Zip		15 City-St-Zip	
16 Title		17 Title	☐ Change ☐ Addition
16 Name		17 Name	
16 Street Address		17 Street Address	
16 City-St-Zip		17 City-St-Zip	
18 Title		19 Title	☐ Change ☐ Addition
18 Name		19 Name	
18 Street Address		19 Street Address	
18 City-St-Zip		19 City-St-Zip	
20 Title		21 Title	☐ Change ☐ Addition
20 Name		21 Name	
20 Street Address		21 Street Address	
20 City-St-Zip		21 City-St-Zip	
22 Title		23 Title	☐ Change ☐ Addition
22 Name		23 Name	
22 Street Address		23 Street Address	
22 City-St-Zip		23 City-St-Zip	

14. I hereby certify that the information supplied with this filing is complete, accurate and 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 1 or Block 2 of this report, or on an attachment with an address.

SIGNATURE: [signature] 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0038732 CP