

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
LARRY B. MATHIAS
Secretary of State
1000 W. W. COTLER BUILDING

APPROVED
AND
FILED

DOCUMENT # P93000080289 (0)

11/15/1993 2:23

1. Corporation Name
WHOLESALE SCREEN PRINTING OF NAPLES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address
**FIVE 12TH ST N
NAPLES FL 33940**

3. Mailing Address
**FIVE 12TH ST N
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/15/1993	3a. Date of Last Report 05/01/1994
4. FID Number 65-0421046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. Has corporation ever failed to file an annual report under Chapter 192, Florida Statutes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Office Address 21	2a. Mailing Address 26
22. State Apt # etc. 22	27. State Apt # etc. 27
23. City & State 23	28. City & State 28
24. 24	25. 25
29. 29	30. 30

9. Name and Address of Current Registered Agent WOODARD, CRAIG R 606 BALD EAGLE DR SUITE 500 MARCO ISLAND FL 33969				10. Name and Address of New Registered Agent	
B1. Name					
B2. Street Address (P.O. Box Number is Not Acceptable)					
B3.					
B4. City		FL	B5. Zip Code		

11. Pursuant to the provisions of Sections 190.01 and 190.02, 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 a resident of the State of Florida and accept the provisions of Section 190.01, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME	D CRISCUOLI, VINCENT A FIVE 12TH ST N NAPLES FL 33940	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	D GROGGIN, JOE O. 4 WEST PELICAN STREET NAPLES FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is not equally for the corporation stated in use here. I am a resident of Florida and accept the provisions of Chapter 192, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 1 of this report or is an authorized addressee.

SIGNATURE: *Vincent A. Criscuoli* 4-20-95 813 263 7061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

8:30 AM '95 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000080502 (6)**

1. Corporation Name

DIVERSIFIED FLEET SERVICES, INC.

Principal Office of Corporation

Main Office

RT 16 BOX 9019
TALLAHASSEE FL 32310

RT 16 BOX 9019
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/16/1993** 3a. Date of Last Report **04/01/1994**

4. FEI Number **59-3211592** 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 interest on tax under § 190.030, Florida Statutes Yes No

2. Principal Office of Subsidiary 2a. Mailing Address
21. State, Apt # etc. 26. State, Apt # etc.
22. City & State 27. City & State
23. City & State 28. City & State
24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, W A
RT. 16 BOX 9019
TALLAHASSEE FL 32310**

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 607.13(2) and 607.15(3), 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 607.15(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PST
2. NAME	DAVIS, W.A. JR.
3. STREET ADDRESS	RT 16 BOX 9019
4. CITY & STATE	TALLAHASSEE FL
5. TITLE	D
6. NAME	KELLEY, DIANE
7. STREET ADDRESS	1338 TIMBERLANE RD
8. CITY & STATE	TALLAHASSEE FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and I know not qualify for the exemption stated in Section 190.030, Florida Statutes. I further certify that this information is filed on the annual report or supplemental annual report in form and in style 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 of this report or on an attachment with an address.

SIGNATURE:

W.A. Davis, Jr.
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **W. A. DAVIS, JR.**

1/30/95

574-9400
(904) 574-9400