

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

FILED

95 AUG -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000044658 (0)**

1. Corporation Name

EASTCOAST PRINTING GROUP, INC.

Principal Place of Business

927 ARABIAN AVE
WINTER SPRINGS FL 32708

Mailing Address

927 ARABIAN AVE
WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1994

3a. Date of Last Report
N/A

4. FEI Number
59-3278203

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 § 199.022,
Florida Statutes Yes No

2. Principal Place of Business
21 **1701 Airport Terminal Dr**

2a. Mailing Address
26 **1701 Airport Terminal Dr**

22 City & State
23 **Deland, FL**

27 City & State
28 **Deland, FL**

24 Zip
32724

25 Country
USA

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**FLANIGAN, RICHARD E SR
927 ARABIAN AVE
WINTER SPRINGS FL 32708**

81 Name **Kim A. Morrone**
82 Street Address (P.O. Box Number is Not Acceptable)
4590 S. Atlantic Ave. Apt. #154
83
84 City **Ponce Inlet** FL 85 Zip Code **32127**

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 **Kim A. Morrone** **Kim A. Morrone** **7/5/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **FLANIGAN, RICHARD E SR**
STREET ADDRESS **927 ARABIAN AVE**
CITY, ST, ZIP **WINTER SPRINGS FL 32708**

1.1 TITLE **D/V/T** Change Addition
1.2 NAME **Morrone, Kim A.**
1.3 STREET ADDRESS **4590 S. Atlantic Ave. Apt 154**
1.4 CITY, ST, ZIP **Ponce Inlet, FL. 32127**

TITLE **D**
NAME **MORRONE, KIM A**
STREET ADDRESS **4590 S ATLANTIC AVE APT 154**
CITY, ST, ZIP **PONCE INLET FL 32127**

2.1 TITLE **D/P/S** Change Addition
2.2 NAME **Robinson, Ann M.**
2.3 STREET ADDRESS **3743 S. Atlantic Ave. Apt 1B**
2.4 CITY, ST, ZIP **Daytona Bch. Shores, FL. 32127**

TITLE **D**
NAME **CARTER, BARBARA**
STREET ADDRESS **187 SEAVEY RD**
CITY, ST, ZIP **BELMONT NH 03220**

3.1 TITLE **Delite** Change Addition
3.2 NAME **Flanigan, Richard E SR**
3.3 STREET ADDRESS **927 Arabian Ave**
3.4 CITY, ST, ZIP **Winter Springs, FL 32708**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE **Delite** Change Addition
4.2 NAME **Carter, Barbara**
4.3 STREET ADDRESS **187 Seavey Rd**
4.4 CITY, ST, ZIP **Belmont, NH 03220**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
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)(b), 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: **Kim A. Morrone** **Kim A. Morrone** **7/5/95**