

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

55 MAY -1 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044744 (8)

1. Corporation Name

GEOGRAPHICS, INC.

Principal Place of Business

% ROETZEL & ANDRESS
3003 TAMiami TRAIL, SUITE 270
NAPLES FL 33940

Mailing Address

% ROETZEL & ANDRESS
3003 TAMiami TRAIL, SUITE 270
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report
N/A

4. FEI Number

59-3253236

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 2777 Kissimmee Bay Cir.

2a. Mailing Address

26 2777 Kissimmee Bay Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Kissimmee, Florida

28 Kissimmee, Florida

Zip

Country

Zip

Country

24 34744

25 USA

29 34744

30 USA

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Laurel M. Liber

82 Street Address (P.O. Box Number is Not Acceptable)

2777 Kissimmee Bay Circle

83

84 City

Kissimmee

FL

85 Zip Code
34744

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, as within 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

Laurel M. Liber

Laurel M. Liber

24 April 1995

12. OFFICERS AND DIRECTORS

101 NAME	D LIBER, LAUREL M
102 STREET ADDRESS	% 3003 TAMiami TRAIL, SUITE 270
103 CITY, ST, ZIP	NAPLES FL 33940
104 NAME	D NICHOLSON, MICHAEL
105 STREET ADDRESS	% 3003 TAMiami TRAIL, SUITE 270
106 CITY, ST, ZIP	NAPLES FL 33940
107 NAME	
108 STREET ADDRESS	
109 CITY, ST, ZIP	
110 NAME	
111 STREET ADDRESS	
112 CITY, ST, ZIP	
113 NAME	
114 STREET ADDRESS	
115 CITY, ST, ZIP	
116 NAME	
117 STREET ADDRESS	
118 CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

119 NAME	D Liber, Laurel M.	☒ Change ☐ Addition
120 STREET ADDRESS	2777 Kissimmee Bay Circle	
121 CITY, ST, ZIP	Kissimmee, FL 34744	
122 NAME		☒ Change ☐ Addition
123 STREET ADDRESS	DELETE	
124 CITY, ST, ZIP		
125 NAME		☐ Change ☐ Addition
126 STREET ADDRESS		
127 CITY, ST, ZIP		
128 NAME		☐ Change ☐ Addition
129 STREET ADDRESS		
130 CITY, ST, ZIP		
131 NAME		☐ Change ☐ Addition
132 STREET ADDRESS		
133 CITY, ST, ZIP		
134 NAME		☐ Change ☐ Addition
135 STREET ADDRESS		
136 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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, please attach an affidavit with an address.

SIGNATURE

Laurel M. Liber

Laurel M. Liber

24 April 1995

407-344-9440

Signature and typed or printed name of signing officer or director

Date

Customer Phone #