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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 12 8:59

DOCUMENT # P94000055263 (5)

1. Corporation Name

AUTOMATIC COLOR COMMUNICATIONS, INC.

Principal Place of Business

1207 US HWY 19
HOLIDAY FL 34691

Mailing Address

1207 US HWY 19
HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3257120

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under § 193.002
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPENCER, JAMES D
5510 RIVER RD
SUITE 200
NEW PORT RICHEY FL 34652

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 607.0502 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and then if applicable:

and if Registered Agent (any other registered agent, including:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
MASKENY, DONALD D SR.
14130 ROSEMARY LN APT 4118
LARGO FL 34644

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

SAME

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

V
MASKENY, SANDRA L
62 CENTRAL CT.
TAKPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

V
GALLO, ROBERT P
1928 WOLFORD RD.
CUDDEWATER, FL 34620

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

T
BROOKS, RONALD D
RT 4, BOX 650
WELLSTON, FL 32696

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

S
WEST, JEFFERY L.
1136 DOVE CT.
SMITH HARBOR, FL 34615

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 193.002, 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 447, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: *Ronald D. Brooks* RONALD D. BROOKS

1/10/95

613-943-8945