

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Neumann
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY 19 2 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067284 (7)

1. Corporation Name

QUICK PAGE INC.

Principal Office Address

2063 SAXON BLVD.
DELTONA FL 32725

Minority Address

2063 SAXON BLVD.
DELTONA FL 32725

2. Date of Report (Enter in this space)

3. Date of Corporation's Charter

09/08/1994

3a. Date of Last Report

4. FET Number

59-3289061

Applied For

New Applicants

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. FET Number of Corporation

21

2a. Mailing Address

26

State, Apt. # and

State, Apt. # and

City & State

City & State

23

27

24

25

Country

29

City

30

Country

9. Name and Address of Current Registered Agent

HOFFMAN, ALEXANDER
2063 SAXON BLVD.
DELTONA FL 32725

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 Sections 1907.03(3) and 607.15(9) 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 Sections 607.03(3) Florida Statutes.

SIGNATURE

Signature of Agent (Print Name and Address of Agent)

Signature of Registered Agent (Print Name and Address of Agent)

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

12a	NAME	D HOFFMAN, ALEXANDER
12b	STREET ADDRESS	779 TULIP ST.
12c	CITY, STATE, ZIP	DELTONA FL 32725
12d	NAME	
12e	STREET ADDRESS	
12f	CITY, STATE, ZIP	
12g	NAME	
12h	STREET ADDRESS	
12i	CITY, STATE, ZIP	
12j	NAME	
12k	STREET ADDRESS	
12l	CITY, STATE, ZIP	
12m	NAME	
12n	STREET ADDRESS	
12o	CITY, STATE, ZIP	
12p	NAME	
12q	STREET ADDRESS	
12r	CITY, STATE, ZIP	

13a	1. NAME	☐ Change ☐ Addition
13b	1. NAME	
13c	1. STREET ADDRESS	
13d	1. CITY, STATE, ZIP	
13e	2. NAME	☐ Change ☐ Addition
13f	2. NAME	
13g	2. STREET ADDRESS	
13h	2. CITY, STATE, ZIP	
13i	3. NAME	☐ Change ☐ Addition
13j	3. NAME	
13k	3. STREET ADDRESS	
13l	3. CITY, STATE, ZIP	
13m	4. NAME	☐ Change ☐ Addition
13n	4. NAME	
13o	4. STREET ADDRESS	
13p	4. CITY, STATE, ZIP	
13q	5. NAME	☐ Change ☐ Addition
13r	5. NAME	
13s	5. STREET ADDRESS	
13t	5. CITY, STATE, ZIP	
13u	6. NAME	☐ Change ☐ Addition
13v	6. NAME	
13w	6. STREET ADDRESS	
13x	6. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the incorporation, continuation, or other filing. I further certify that the information included on this statement report or supplemental annual report is true and accurate and that my signature shall be on the statement or other filing. I am familiar with and accept the obligations of Sections 607.03(3) Florida Statutes. I am familiar with and accept the obligations of Sections 607.03(3) Florida Statutes. I am familiar with and accept the obligations of Sections 607.03(3) Florida Statutes.

SIGNATURE:

Alexander Hoffman

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 904-789-3339