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
95 APR 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082354 (9)**

1. Corporate Name
NATIONAL INSERT PROGRAMS, INC.

Principal Place of Business	Mailing Address
~~214 CROWN OAKS WAY~~ ~~LONGWOOD FL 32750~~ P.O. Box 915152 Longwood, FL.	~~214 CROWN OAKS WAY~~ ~~LONGWOOD FL 32750~~ P.O. Box 915152 Longwood, 915725

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26) P.O. Box ~~915152~~ 915725
Suite, Apt. # etc. (22)	Suite, Apt. # etc. (27)
City & State (23)	City & State (28) Longwood, FL.
Zip (24) / County (25)	Zip (29) 32795 / County (30) Seminole

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report: New Corp.
4. FEI Number: 59-3290134 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: NO — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: NO ☐ — $5.00 May Be Added to Fees
8. This corporation has elected to be governed by Chapter 617, Florida Statutes: Yes ☑ No ☐

9. Name and Address of Current Registered Agent

GALKIN, NOEL M
214 CROWN OAKS WAY
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1619 Sweetwater W. Cir.
83
84 City: Apopka, FL 85 Zip Code: 32712

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: Noel M. Galkin 4/5/95
(Signature of new registered agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	11 TITLE	☐ Change ☐ Addition
02 NAME	GALKIN, NOEL M	12 NAME	
03 STREET ADDRESS	214 CROWN OAKS WAY	13 STREET ADDRESS	
04 CITY ST ZIP	LONGWOOD FL 32750	14 CITY ST ZIP	
05 TITLE	D	21 TITLE	☐ Change ☐ Addition
06 NAME	RHODES, JANICE	22 NAME	
07 STREET ADDRESS	4435 HARBOR LIGHTS CT.	23 STREET ADDRESS	
08 CITY ST ZIP	ORLANDO FL 32817	24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 CITY ST ZIP	

14. For profit, I certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Noel M. Galkin Pres. N.I.P. 4/5/95 (407) 880-2813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0044077 CP