

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra M. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000082354 (9)

1. Corporation Name

NATIONAL INSERT PROGRAMS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 915152
LONGWOOD FL 32750

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LONGWOOD FL 32750

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3290139

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALKIN, NOEL M
1019 SWEETWATER W. CIRCLE
APOPKA FL 32742

81 Name

David S. Piercefield

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

2431 Aloma Ave., # 221

83

84 City

Winter Park

FL

85 Zip Code

32792

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

DAVID S. Piercefield

Signature, typed or printed name of registered agent and title if appropriate

(NOTE: Registered Agent signature required for reinstating)

7/8/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GALKIN, NOEL M
STREET ADDRESS 214 CROWN OAKS WAY
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ~~D~~
NAME ~~RHODES, JANICE~~
STREET ADDRESS ~~4435 HARBOR LIGHTS CT.~~
CITY-ST-ZIP ~~ORLANDO FL 32817~~

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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
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41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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

7/8/96

Date

657-3690

Daytime Phone #

CR2E034 (3/96)