

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. HARTMAN
Secretary
CORPORATION, CORPORATION, ETC.

APPROVED
AND
FILED

95 APR 24 PM 1:27

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092712 (6)

1. Corporation Name

INK WELL PRINTING, INC.

Principal Place of Business

4322 S SEMORAN BLVD
ORLANDO FL 32822

Mailing Address

4322 S SEMORAN BLVD
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/23/1994

3a. Date of Last Report

4. FEI Number

59-3284038

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. 190.010
Florida Statutes

☒ Yes

☐ No

2. Principal Officer & Directors

21

Name

22

State, Apt. #, etc.

23

City & State

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAZZANO, ANTHONY J
4322 S SEMORAN BLVD
ORLANDO FL 32822

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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent or Registered Agent, if not a corporation, must be signed by the agent.)

(Signature of Registered Agent, if not a corporation, must be signed by the agent.)

(Signature of Agent or Registered Agent, if not a corporation, must be signed by the agent.)

12. OFFICERS AND DIRECTORS

13. ALL OTHER AGENTS, SECRETARIES, AND OFFICERS

NAME	D
NAME	JONES, MARK
STREET ADDRESS	545 N SUMMERLIN AVE
CITY, ST, ZIP	ORLANDO FL 32803
NAME	D
NAME	RAZZANO, ANTHONY J JR
STREET ADDRESS	8730 LYONIA DR
CITY, ST, ZIP	ORLANDO FL 32829
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. NAME	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my corporation shall have the same legal effect as if it were made by the corporation's board of directors. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears on Block 12 of this block. If I am changed or removed from this filing, I will be notified by the Department of State.

SIGNATURE:

Anthony J. Razzano, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Anthony J. Razzano, Jr.

4/18/95

407-277-5284