

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000040282 (2)

1. Corporation Name

GRAPHIC COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

501 N ORLANDO AVE  
SUITE 313-182  
WINTER PARK FL 32789-7313

501 N ORLANDO AVE  
SUITE 313-182  
WINTER PARK FL 32789-7313

2. Principal Place of Business

2a. Mailing Address

21 501 N. Orlando Ave.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 313-182

27 Same

City & State

City & State

23 Winter PARK, FL

28 Same

Zip

Zip

24 32789-7313

25 USA

29 Same

30 Same

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

New Corp.

4. F.E.I. Number

59-3309722

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

10. Name and Address of New Registered Agent

MARTIN, HOPE A  
501 N ORLANDO AVE  
SUITE 313-182  
WINTER PARK FL 32789-7313

81 Name

N/A

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

N/A

83 City

N/A

84 State

N/A

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS MARTIN, HOPE A  
CITY-STATE-ZIP 501 N ORLANDO AVE SUITE 313-182  
WINTER PARK FL 32789-7313

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS BELOW, SANDY  
CITY-STATE-ZIP 501 N ORLANDO AVE SUITE 313-182  
WINTER PARK FL 32789-7313

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS WHITMIRE, VALERIE  
CITY-STATE-ZIP 501 N ORLANDO AVE SUITE 313-182  
WINTER PARK FL 32789-7313

TITLE ☒ DELETE

NAME SD  
STREET ADDRESS FIQUETTE, SUZANNE  
CITY-STATE-ZIP 501 N ORLANDO AVE SUITE 313-182  
WINTER PARK FL 32789-7313

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Below, Sandy M.

Moody, Valerie

Kusch, Marie

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96  
Date

(407)977-9003  
Desktop Phone #

CR2E034 (12/95)