

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000057452 (1)

1. Corporation Name
GUNTER GRAPHICS REPAIR, INC.



Principal Place of Business
10217 BONNIE BAY CT.
TAMPA FL 33615

Mailing Address
10217 BONNIE BAY CT.
TAMPA FL 33615

3. Date Incorporated or Qualified
07/24/1995

3a. Date of Last Report

2. Principal Place of Business
21 10217 BONNIE BAY CT.
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 262762
Suite, Apt. #, etc.

4. FEI Number
59-3327644

Applied For
Not Applicable

22 City & State
23 TAMPA, FL
24 Zip 33615 25 Country USA

27 City & State
28 TAMPA, FL
29 Zip 33615 30 Country USA

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

GUNTER, E. WAYNE
10217 BONNIE BAY CT.
TAMPA FL 33615

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 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. Thereby 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

Signature, typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
1 PRESIDENT WAYNE GUNTER 10217 BONNIE BAY CT. TAMPA, FL 33615
2 VICE-PRESIDENT HOLLY GUNTER 10217 BONNIE BAY CT. TAMPA, FL 33615
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

DAY MONTH YEAR

CR2E034 (12/95)