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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000071241 (0)

DOCUMENT #
1. Corporation Name J&R GRAPHICS CORPORATION

Principal Place of Business Mailing Address 17296 PLANTATION DRIVE 17296 PLANTATION DRIVE FT. MYERS FL 33912 FT. MYERS FL 33912



					3. Date Incorporated or Qualified 09/15/1995	3a. Date of Last	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 3651 E					65-0607794	<u>/</u>	Not Applicable
22					5. Certificate of Status Desired S8.75 Additional Fea Required		
23	City & State City & State City & State 28			Trust Fund Contribution L Addle		00 May Be led to Fees	
24 33°	390 25 Lee 29 9. Name and Address of Current Registered Agent			Country 8. This corporation has liability for intangible tax under s Florida Statutes Yes No		s 199.032,	
<u> </u>	9. Name and Address of Current	Registered Agent		γ	10. Name and Address of New I	Registered Agent	
HUDGE	C IEAN C		81	Name			
HODGES, JEAN C 17296 PLANTATION DRIVE FT. MYERS FL 33912				Street Addr	ddress (P.O. Box Number is Not Acceptable)		
1 1. 1911	LIIO I E 003 IZ		83				
			84	City		FI 85	Zip Code
11. Pursuant or register familiar wi	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Section	and 607.1508, Florida Statutes a. Such change was authorized an 607.0505, Florida Statutes.	the above in by the corp	named corpora oration's boar	ation submits this statement for the pured of directors. I hereby accept the app		registered office id agent. I am
SIGNATURE							ľ
12.	Signature, typed or printed name of registered agent a			it signature required		DATE	
TILE	President OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
NAME	TIESIAENI		1. 1 TITLE			☐ Change	Addition
STREET ADORESS	Jean C. Hodges 17290 Plantation Driv		1.2 NAME				
CITY-S1-ZIP	E. AM.	5	13 STREET				ļi
TILE	Fort Myers , Floride	339/⊋ □ DELETE	1.4 CITY - S	T-ZIP			
NAME			2 1 TITLE			Change	Addition (
STREET ADDRESS			2.2 NAME				
CITY-ST-ZIP			2.3 STREET				l l
Title	☐ DELETE		2 4 CITY - ST - ZIP 3 1 TITLE				
NAME		[_] beccit				Change	☐ Addition
STREET ADDRESS			3 2 NAME	LDDDGGG			
CITY-S1-7IP			3.3 STREET				ĺ
TITLE		DELETE	3.4 CHTY - S 4. 1 THTLE	1-ZIP			
NAME		-1	4.1 ITTLE			☐ Change	☐ Addition
STREET ADDRESS			4.2 NAME	#DODECC			
CITY - ST - ZIP							1
TITLE		□ DELETE	44 CHTY-SI	1 - ZIP		[7] Ph	
NAME			5 2 NAME	1		☐ Change	☐ Addition
STREET ADDRESS			5 3 STREET	ADDRESS			
C·TY-ST-ZiP				·]			
TITLE		☐ DELETE	5.4 CITY - ST 6. 1 TITLE	- 1117			
NAME			6.2 NAME			Change	☐ Addition
STREET ADDRESS				ADDRECC			į
CITY - ST - ZIP			63 STREET				1
	certify that the information appoind with	Latin Film	6 4 CITY-ST	- ZIP			

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 f made under cath; 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 triat my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: (/ NTED NAME OF SIGNING OFFICER OF DIRECTOR 9ES

april 86, 1996 (941) 936-2199