

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000077011

FILED
Oct 27, 2006
Secretary of State

Entity Name: ALL PURPOSE PRINTING AND GRAPHICS, INC.

Current Principal Place of Business:

3521 ST AUGUSTINE RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4588 CABBAGE POND DRIVE
JACKSONVILLE, FL 32257

New Mailing Address:

P. O. BOX 5733
JACKSONVILLE, FL 32247

FEI Number: 59-3599274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMASON, MICHAEL
3521 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

AMASON, MICHAEL G
3521 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL G. AMASON

10/27/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMASON, MICHAEL G
Address: 3521 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: AMASON, SANDRA
Address: 3521 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: AMASON, SANDRA J
Address: 3521 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL G. AMASON

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10/27/2006

Electronic Signature of Signing Officer or Director

Date