FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -7 AM 10:52

DOCUMENT # **S49605** **(6)**

1. Corporation Name
DARCO GRAPHICS, INC.

Principal Place of Business	Mailing Address
2041 RANGE ROAD CLEARWATER FL 34625	2041 RANGE ROAD CLEARWATER FL 34625 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 6666 126th Avenue N.
22: Suite, Apt. #, etc.
23: City & State: Largo, FL
24: Zip: 34643 25: County: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: County

4. FEI Number: 59-3067511 ☐ 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

9. Name and Address of Current Registered Agent

FORMAN, ANDREW
FORMAN & WOLDEN, PA
07 W. BEARS AVENUE
TAMPA FL 33613

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 807 W. BEARSS AVENUE
03
04 City: FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	DARR, DONALD A.	1.2 NAME		
STREET ADDRESS	3095 CASCADE DR.	1.3 STREET ADDRESS	2245 Bow Lane	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	DST	2.1 TITLE		☒ Change ☐ Addition
NAME	DARR, GERALD R.	2.2 NAME		
STREET ADDRESS	3095 CASCADE DR.	2.3 STREET ADDRESS	2609 Bay Blvd.	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Indian Rocks Beach, FL 34685	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: _____ 6-1-95 813-446-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DONALD A. DARR

0340001 CP