

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

90 MAY - 1 AM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S99310** (2)
1. Corporate Name
AWO PRINTING, INC.

Principal Place of Business: **5164 SHAWLAND ROAD JACKSONVILLE FL 32205**
Mailing Address: **5164 SHAWLAND ROAD JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/09/1991** 3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-3104206** 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 authority for managing tax under Florida Statutes: Yes No

2. Principal Place of Business: **21** 2b. Mailing Address: **26** **1730 COURIER AVE**
State: **22** State: **27** **FL**
City & State: **23** City & State: **28** **JACKSONVILLE FL**
City: **24** Locality: **25** **32210** City: **29** Locality: **30** **DUVAL**

9. Name and Address of Current Registered Agent
**WERKING, HENRY A.
5164 SHAWLAND ROAD
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. I, the undersigned, being duly sworn, depose and say that the above named corporation warrants this statement for the purpose of changing its registered office or principal place of business in the State of Florida, each change was authorized by the corporation's board of directors, hereby accept the appointment as a registered agent, that I have read and understand the provisions of Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED TO OFFICERS, DIRECTORS, SECRETARIES	
1. NAME: D WERKING, HENRY A.	1. NAME: D HENRY A WERKING	2. NAME: _____	2. NAME: _____
2. STREET ADDRESS: 5164 SHAWLAND ROAD	2. STREET ADDRESS: 1730 COURIER AVE	3. NAME: _____	3. NAME: _____
3. CITY: JACKSONVILLE FL	3. CITY: JACKSONVILLE, FL 32210	4. NAME: _____	4. NAME: _____
4. TITLE: _____	4. TITLE: _____	5. NAME: _____	5. NAME: _____
5. NAME: _____	5. NAME: _____	6. NAME: _____	6. NAME: _____
6. STREET ADDRESS: _____	6. STREET ADDRESS: _____	7. NAME: _____	7. NAME: _____
7. CITY: _____	7. CITY: _____	8. NAME: _____	8. NAME: _____
8. TITLE: _____	8. TITLE: _____	9. NAME: _____	9. NAME: _____
9. NAME: _____	9. NAME: _____	10. NAME: _____	10. NAME: _____
10. STREET ADDRESS: _____	10. STREET ADDRESS: _____	11. NAME: _____	11. NAME: _____
11. CITY: _____	11. CITY: _____	12. NAME: _____	12. NAME: _____
12. TITLE: _____	12. TITLE: _____	13. NAME: _____	13. NAME: _____
13. NAME: _____	13. NAME: _____	14. NAME: _____	14. NAME: _____
14. STREET ADDRESS: _____	14. STREET ADDRESS: _____	15. NAME: _____	15. NAME: _____
15. CITY: _____	15. CITY: _____	16. NAME: _____	16. NAME: _____
16. TITLE: _____	16. TITLE: _____	17. NAME: _____	17. NAME: _____
17. NAME: _____	17. NAME: _____	18. NAME: _____	18. NAME: _____
18. STREET ADDRESS: _____	18. STREET ADDRESS: _____	19. NAME: _____	19. NAME: _____
19. CITY: _____	19. CITY: _____	20. NAME: _____	20. NAME: _____
20. TITLE: _____	20. TITLE: _____	21. NAME: _____	21. NAME: _____

14. I do hereby certify that the information required with this filing is voluntarily furnished and is correct equally for the corporation stated in the above FEI and Florida Statutes. I further certify that the above information is for the annual report on supplemental annual reports and is correct and that my appointment shall have the same effect as if it were made under oath. That I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of the officers, directors, or trustees that report with an address.

SIGNATURE: *Henry A. Werking*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR