

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:38

DOCUMENT # **V17907** (9)

1. Corporation Name

ASSOCIATED PRINTING & GRAPHICS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**1118 W GRANADA BLVD
ORMOND BEACH FL 32174
US**

Mailing Address
**1118 W. GRANADA BLVD
ORMOND BEACH FL 32174
US**

3. Date Incorporated or Qualified
03/02/1992

3a. Date of Last Report
04/12/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
06-1247897

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under S 109.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIONDELLA, LISA M.
1118 WEST GRANADA BLVD.
ORMOND BEACH FL 32174**

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. I hereby 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 and title of applicant)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DTSV	FIONDELLA, LISA M.	8 CHARLESTON SQUARE 18 CHINA MOON DR	ORMOND BEACH FL 32174
DP	FIONDELLA, MICHAEL J	8 CHARLESTON SQUARE 18 CHINA MOON DR	ORMOND BEACH FL 32174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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 110.07(3)(k), Florida Statutes. I further certify that the information furnished 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, changed, or being attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

4-1095

904-673-7490