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
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48191** (3)

1. Corporation Name
ALPHA GRAPHIC DESIGNS, INC.

Principal Place of Business	Mailing Address
10851 ENDEAVOR WAY UNIT B-1 LARGO FL 34647	10851 ENDEAVOR WAY UNIT B-1 LARGO FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/07/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

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

4. FEI Number: **59-3132624** ☐ 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

ZEOLI, SAM JR
6587-66 AVENUE NO.
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature of new registered agent, if changed) (Name of Registered Agent typed or printed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	NORTON, CAROL	12 NAME	
STREET ADDRESS	10327 TANGELO ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	HATCHER, CHARLENE	22 NAME	
STREET ADDRESS	5340-75 STREET NO.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CASEY, C. KAY	32 NAME	
STREET ADDRESS	3806 WINDRIDGE CT.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KING, MARJORIE	42 NAME	
STREET ADDRESS	10327 TANGELO ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	HATCHER, ARNOLD	52 NAME	
STREET ADDRESS	5340-75 STREET NO.	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CASEY, J. BRIAN	62 NAME	
STREET ADDRESS	3806 WINDRIDGE CT.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	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 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 the 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: Charlene Hatcher Charlene Hatcher 7-20-95 813 546-8574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0363833 CP