

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V48191

1. Corporation Name

ALPHA GRAPHIC DESIGNS, INC.



Principal Place of Business

10851 ENDEAVOR WAY
UNIT B-1
LARGO FL 34647

Mailing Address

10851 ENDEAVOR WAY
UNIT B-1
LARGO FL 34647

3. Date Incorporated or Qualified
07/07/1992

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

10. Name and Address of New Registered Agent

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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
NORTON, CAROL
STREET ADDRESS
10327 TANGELO ROAD
CITY-STATE-ZIP
SEMINOLE FL 34642

TITLE ☐ DELETE

NAME
HATCHER, CHARLENE
STREET ADDRESS
5340-75 STREET NO.
CITY-STATE-ZIP
ST. PETERSBURG FL 33709

TITLE ☐ DELETE

NAME
CASEY, C. KAY
STREET ADDRESS
3806 WINDRIDGE CT.
CITY-STATE-ZIP
JACKSONVILLE FL 32257

TITLE ☐ DELETE

NAME
KING, MARJORIE
STREET ADDRESS
10327 TANGELO ROAD
CITY-STATE-ZIP
SEMINOLE FL 34642

TITLE ☐ DELETE

NAME
HATCHER, ARNOLD
STREET ADDRESS
5340-75 STREET NO.
CITY-STATE-ZIP
ST. PETERSBURG FL 33709

TITLE ☐ DELETE

NAME
CASEY, J. BRIAN
STREET ADDRESS
3806 WINDRIDGE CT.
CITY-STATE-ZIP
JACKSONVILLE FL 32257

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

813-546-8574

Date

Daytime Phone #

CR2E034 (12/95)