

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mornham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:28

DOCUMENT # V50307 (0)
1. Corporation Name CUSTOM GRAPHICS OF TAMPA INC.

Principal Place of Business 914 W RIVER DR TEMPLE TERRACE FL 33617 US	Mailing Address 914 W RIVER DR TEMPLE TERRACE FL 33617 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/06/1992		3a. Date of Last Report 04/25/1994	
4. FEI Number 59-3132146		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 PITCHER, JANE MARY ISOBEL 914 WEST RIVER DRIVE TEMPLE TERRACE FL 33617				10. Name and Address of New Registered Agent			
				81. Name	COUTO, JANE MARY ISOBEL		
				82. Street Address (P.O. Box Number is Not Acceptable)	914 WEST RIVER DRIVE		
				83.			
				84. City	TEMPLE TERRACE	85. Zip Code	FL 33617

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 **Jane M. Couto** (JANE M. I. COUTO) **06 APR 1995**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when restoring.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	☐ Change ☐ Addition
NAME	COUTO, JANE M	1.2 NAME	
STREET ADDRESS	914 W RIVER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERRACE FL	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	COUTO, MERARDO	2.2 NAME	
STREET ADDRESS	914 W RIVER DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERRACE FL	2.4 CITY - ST - ZIP	
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 110.07(3)(b), 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: **Jane M. Couto - JANE M. I. COUTO** **4/6/95** **813-989-1395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #