

**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**

**APPROVED  
AND  
FILED**

**95 APR 26 AM 10:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # V60362 (3)**

1. Corporation Name

**DAYTONA QUICK PRINT COMPANY**

Principal Place of Business

**530 N. NOVA RD  
DAYTONA BEACH FL 32114  
US**

Mailing Address

**530 N. NOVA RD  
DAYTONA BEACH FL 32114  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/26/1992**

3a. Date of Last Report

**03/29/1994**

4. FEI Number

**59-3143241**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

**21 950 W. INT'L SPEEDWAY  
Suite, Apt. #, etc. bldg**

2a. Mailing Address

**26 59 ME  
Suite, Apt. #, etc.**

22 City & State

**23 DAYTONA Bch, FL**

**24 32114 25 US**

27 City & State

**28**

9. Name and Address of Current Registered Agent

**MCKINLEY, JACK  
950 W. INT'L SPEEDWAY BLVD  
DAYTONA BEACH FL 32114**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DP  
NAME MCKINLEY, JACK  
STREET ADDRESS 4875 HIDDEN LAKE DRIVE  
CITY-ST-ZIP PORT ORANGE FL**

**TITLE VS  
NAME WATSON, JULIE H  
STREET ADDRESS 4875 HIDDEN LAKE DR  
CITY-ST-ZIP PORT ORANGE FL**

**TITLE D  
NAME GODBEE, JOHN  
STREET ADDRESS 3813 LEYCOURT  
CITY-ST-ZIP PORT ORANGE FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

*Julie McKinley* **JULIE MCKINLEY**

**4/20/95**

Date

Daytime Phone #