

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
Tallahassee, FL 32399-0400

APPROVED
AND
FILED

95 JUL 21 AM 10:26

TALLAHASSEE, FLORIDA

DOCUMENT # **V65558** (1)

To: Corporation Name

SOUTHERN GRAPHIC ELECTRIC, INC.

Principal Place of Business

Mailng Address

P O BOX 352377
PALM COAST FL 32135-2377

P O BOX 352377
PALM COAST FL 32135-2377

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created 09/22/1992	3a. Date of last report 03/22/1994
4. FEI Number 59-3151250	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(1)(2), Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

GUNTARP, PAUL M. JR.
4 OLD KINGS RD N
SUITE B
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of Agent (if not the same as the registered agent, please print name)

Signature of New Agent (if not the same as the registered agent, please print name)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
12.1 NAME	D ISKOWITZ, DAVID	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS	16 FERNHAM LN	13.2 STREET ADDRESS	
12.3 CITY & STATE	PALM COAST FL	13.3 CITY & STATE	
12.4 NAME	D ISKOWITZ, DEBBIE	13.4 NAME	☐ Change ☐ Addition
12.5 STREET ADDRESS	16 FERNHAM LN	13.5 STREET ADDRESS	
12.6 CITY & STATE	PALM COAST FL	13.6 CITY & STATE	
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY & STATE		13.9 CITY & STATE	
12.10 NAME		13.10 NAME	☐ Change ☐ Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY & STATE		13.12 CITY & STATE	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY & STATE		13.15 CITY & STATE	

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law under the Uniform Florida Statutes. I further certify that the information included in this filing is true and accurate and that my signature shall have the same legal effect as a printed name. I am familiar with, and accept the obligations of, the provisions of the Florida Statutes, and that my name appears on the list of the officers and directors of the corporation.

SIGNATURE: *David J. Iskowit* **David J. Iskowit** 7/13/95 905 446 9893
SIGNATURE AND TYPE OR PRINTED NAME OF DIRECTOR OR OFFICER