

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 AUG -7 AM 11:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V69151 (1)

1. Corporation Name

P & F COMPUTER GRAPHICS, INC.

Principal Place of Business

170-B INDUSTRIAL LOOP, S.
ORANGE PARK FL 32073

Mailing Address

PO BOX 1650
ORANGE PARK FL 32073-650
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3145492

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

7. This corporation has liability for intangible tax under s. 193.132
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

8. Name and Address of Current Registered Agent

PATTILLO, JAMES E., SR.
170-B INDUSTRIAL LOOP, S.
ORANGE PARK FL 32073

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 filer if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PATTILLO, JAMES E., SR.
STREET ADDRESS	6064 HORSESHOE DR.
CITY, ST, ZIP	BALDWIN FL
TITLE	DV
NAME	SLACK, LEIANN
STREET ADDRESS	375 PELICAN
CITY, ST, ZIP	VENICE FL
TITLE	DST
NAME	NOLAN, ROBIN L.
STREET ADDRESS	6058 HORSESHOE DR.
CITY, ST, ZIP	BALDWIN FL
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	D/P/N/S/T	☒ Change ☐ Addition
1.2 NAME	PATTILLO, JAMES E., SR.	
1.3 STREET ADDRESS	6064 HORSESHOE DR.	
1.4 CITY, ST, ZIP	BALDWIN, FL.	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	REMOVE	
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	REMOVE	
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 119.07(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 as an attachment with an address.

SIGNATURE:

James E. Pattillo Sr. James E. PATTILLO SR

8/1/95

(904) 289-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR