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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996/1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V72492 (4)**

1. Corporation Name

ASAP RUBBER STAMPS INC.

Principal Place of Business

Mailing Address

3226 W. COLONIAL DR. SUITE 101 ORLANDO FL 32703
117 Piney Woods Rd APOPKA, FL 32703
7228 W. COLONIAL DR. P.O. Box 915 SUITE 101 CLARCONA, FL 32710-0915

3. Date Incorporated or Qualified

10/15/1992

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

117 Piney Woods Rd

PO Box 915

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

APOPKA FL

CLARCONA, FL

Zip

Country

Zip

Country

32703

US

32710-0915

US

4. FEI Number

59-3147114

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

**GOURDIER, SONJA E.
117 PINEY WOODS ROAD
APOPKA, FL
ORLANDO FL 32703**

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS	☐ DELETE
NAME	GOURDIER, SONJA E.	
STREET ADDRESS	117 PINEY WOODS ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE	DVT	☐ DELETE
NAME	GOURDIER, ANTHONY J.	
STREET ADDRESS	117 PINEY WOODS ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
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	

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*****165.00**

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 118.07(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

Date

Daytime Phone

SONJA GOURDIER

4-25-97

(407) 880-8711