

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016138 (8)**

1. Corporation Name
ZOOMEE GRAPHICS INC.

Principal Place of Business
**1373 S BELCHER ROAD BLDG E
LARGO FL 34641**

Mailing Address
**1373 S BELCHER ROAD BLDG E
LARGO FL 34641**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

21 State Apt #, etc **26** Mailing Address
22 City & State **27** City & State

23 County **28** County

24 Zip **25** Zip **29** Zip **30** Zip

4. FEI Number **59-3169546** 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 § 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**NOLEN, TIMOTHY
1373 S BELCHER ROAD BLDG E
LARGO FL 34641**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 of registered agent or registered agent and his/her spouse)

(Signature of registered agent or registered agent and his/her spouse)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE **PD**
15 NAME **JENSEN, SHANNON**
16 STREET ADDRESS **9281 54 ST NORTH**
17 CITY, ST, ZIP **PINELLAS PARK FL 34666**

18 TITLE Change Addition
19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP

14 TITLE **VTD**
15 NAME **NOLEN, TIMOTHY**
16 STREET ADDRESS **3717 46 AVE S**
17 CITY, ST, ZIP **ST PETERSBURG FL 33711**

18 TITLE Change Addition
19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

18 TITLE Change Addition
19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

18 TITLE Change Addition
19 NAME
20 STREET ADDRESS
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18 TITLE Change Addition
19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

18 TITLE Change Addition
19 NAME
20 STREET ADDRESS
21 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 provided in Section 199.02(2)(b), Florida Statutes. I further certify that the information included 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 qualified to serve as the registered agent of the corporation or the registered agent or registered agent and his/her spouse for the purposes of Chapter 199, Florida Statutes, and that my name appears in Block 12, Block 13, or Block 14 of this report, or on an affidavit filed with an address.

SIGNATURE: *Timothy Nolen* **Timothy Nolen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 50-955