

1-26-95 B-DM C 208-75
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # P93000031965 (5)

1. Corporation Name

TEAM SPIRIT GRAPHICS, INC.

95 JAN 26 PM 3:30

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

1630H BAINBRIDGE RD
 TALLAHASSEE FL 32303
 US

Mailing Address

1630H BAINBRIDGE RD
 TALLAHASSEE FL 32303
 US

3. Date Incorporated or Qualified: **05/03/1993**
 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
 21. N/A

2a. Mailing Address
 26. N/A

4. FEI Number: **59-3184780**
 Applied For
 Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired: **XX** **\$8.75 Additional Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip Country

29. Zip Country

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

HERTZBERG, TODD F
1013 MAGNOLIA DR
CLEARWATER FL 34616

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
 NAME: **LEROUX, L. WAYNE**
 STREET ADDRESS: **1335 FALLSMEAD CT**
 CITY-ST-ZIP: **OLDSMAR FL 34677**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

N/A

Change Addition

TITLE: **D**
 NAME: **LEROUX, DARREN R**
 STREET ADDRESS: **1335 FALLSMEAD CT**
 CITY-ST-ZIP: **OLDSMAR FL 34677**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

Change Addition

TITLE: **D**
 NAME: **LEROUX, BARBARA L.**
 STREET ADDRESS: **1335 FALLSMEAD CT**
 CITY-ST-ZIP: **OLDSMAR FL 34677**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

Change Addition

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

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

Change Addition

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

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

Change Addition

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

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Change Addition

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:

BARBARA LEROUX

Barbara Leroux

1-23-95

Pub. 425-1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exhibit Number