FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:24

DOCUMENT # **505095** **(0)**

1. Corporation Name
MODERN GRAPHIC ARTS, INC.

Principal Place of Business	Mailing Address
490 FIRST AVENUE SOUTH ST. PETERSBURG FL 33701	490 FIRST AVENUE SOUTH ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/27/1976**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1670927** ☐ 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

O'HEARN, JOHN H.
490 FIRST AVENUE SOUTH
ST. PETERSBURG FL 33701-1204

10. Name and Address of New Registered Agent

81 Name: HERON, CATHERINE
82 Street Address (P.O. Box Number is Not Acceptable): 490 FIRST AVENUE SOUTH
83:
84 City: ST. PETERSBURG FL 85 Zip Code: 33701

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: Catherine Heron Catherine Heron, President, Treasurer & Secretary
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	BARNES, ANDREW E	12 NAME	
STREET ADDRESS	490 1ST AVE S	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701-4204	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	O'HEARN, JOHN H	22 NAME	O'HEARN, JOHN - RETIRED (as of 12/94)
STREET ADDRESS	490 1ST AVE S	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701-4204	24 CITY ST ZIP	
TITLE	TSD	31 TITLE	☒ Change ☐ Addition
NAME	HERON, CATHERINE	32 NAME	PTSD HERON, CATHERINE
STREET ADDRESS	490 1ST AVE S	33 STREET ADDRESS	490 FIRST AVENUE SOUTH
CITY ST ZIP	ST. PETERSBURG FL 33701-4204	34 CITY ST ZIP	ST. PETERSBURG, FL 33701
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RUCK, JOHN R	42 NAME	
STREET ADDRESS	490 1ST AVE S	43 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33701-4204	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: Catherine Heron Catherine Heron, President, Treasurer & Secretary 813/893-8407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008344 CP