

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 530082**

1. Corporation Name  
**IMAGE & GRAPHIC SERVICES, INC.**

Principal Place of Business

**7702 INDUSTRIAL LANE  
P. O. BOX 291788  
TAMPA FL 33687-8788**

Mailing Address

**7702 INDUSTRIAL LANE  
P. O. BOX 291788  
TAMPA FL 33687-8788**

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

**DONNELLY, PARTICK W  
4820 CLOVERLAWN  
TAMPA FL 33624**

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, applicable to both Registered Agent and Director, if applicable

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	[ ] DELETE
NAME	<b>DONNELLY, PATRICK</b>	
STREET ADDRESS	<b>13115 ARBOR ISLE DR</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000 33637</b>	
TITLE	<b>VP</b>	[ ] DELETE
NAME	<b>DONNELLY, MICHAEL</b>	
STREET ADDRESS	<b>C/O 7702 INDUSTRIAL LN</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE [ ] Change [ ] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**FILED**

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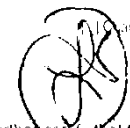
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **03/25/1977**
- 4. FEI Number: **59-1730212** Applied For Not Applicable
- 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required
- 6. ~~Foreign Campaign Financing~~  **\$5.00** May Be Added to Fees
- 7. ~~Trust Fund Contribution~~
- 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No
- 10. Name and Address of New Registered Agent

000002784020-6  
-02/23/99-01030-017  
\*\*\*\*150.00 \*\*\*\*150.00  
[ ] Change [ ] Addition



14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with a other like empowered.

SIGNATURE: *Patrick W. Donnelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 813-965-4915

0000385

CR2E034 (11/98)