

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 636233 (9)

1. Corporation Name
PLUS GRAPHICS, INC.



Principal Place of Business 6400 EAST COLUMBUS DRIVE TAMPA FL 33619	Mailing Address 6400 EAST COLUMBUS DRIVE TAMPA FL 33619-1659
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/14/1979	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1922352	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BACON, LORRAINE A 6520 HARNEY ROAD SUITE B TAMPA FL 33610		10. Name and Address of New Registered Agent	
B1 Name	Darrell J. Bacon		
B2 Street Address (P.O. Box Number is Not Acceptable)	6400 East Columbus Drive		
B3			
B4 City	Tampa	B5 Zip Code	FL 33619

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: *Darrell J. Bacon* **Darrell J. Bacon, President** **4/13/97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, DAVID R.	1.2 NAME	David R. Bacon
STREET ADDRESS	6520 HARNEY ROAD	1.3 STREET ADDRESS	6400 East Columbus Drive
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	RT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, DARRELL J.	2.2 NAME	Darrell J Bacon
STREET ADDRESS	6520 HARNEY ROAD	2.3 STREET ADDRESS	6400 East Columbus Drive
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, LORRAINE A	3.2 NAME	Lorraine A. Bacon
STREET ADDRESS	6520 HARNEY ROAD SUITE B	3.3 STREET ADDRESS	6400 East Columbus Drive
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA FL 33619
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Darrell J. Bacon* **REQUIRED** **4/13/97** **813-620-4360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/The Phone #

CR2E034 (9/96)