## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Jan 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 636233 (9)PLUS GRAPHICS, INC. Principal Place of Business Mailing Address 6400 EAST COLUMBUS DRIVE 6400 EAST COLUMBUS DRIVE TAMPA FL 33619 TAMPA FL 33619 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1979 2a. Mailing Address 2. Principal Place of Business 4. FEI Numbe Applied For Not Applicable 21 26 59-1922352 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible □ No X Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BACON, DARRELL J BACON , LORRATNE A Street Address (P.O. Box Number is Not Acceptable) 6400 E COLUMBUS DR E COLUMBUS DR 6400 **TAMPA FL 33619** 83 84 City Zip Code TAMPA 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 about, 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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. LORRAINE BACON. PRES <u>01/22/98</u> SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change NAME BACON, DAVID R. 12 NAME 6400 E COLUMBUS DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1,4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME BACON, DARRELL J. 2.2 NAME BACON, DARRELL J. 6400 E COLUMBUS DR STREET ADDRESS 2.3 STREET ADDRESS 6400 E COLUMBUS DR. TAMPA FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP TAMPA: FL 33619 Change DELETE Addition TITLE 3.1 TITLE BACON, LORRAINE A BACON, LORRAINE A. NAME 3.2 NAME 6400 E COLUMBUS DR 3.3 STREET ADDRESS STREET ADDRESS 6400 E COLUMBUS DR TAMPA FL CITY - ST - ZIP 3.4. CITY-ST-ZIP TAMPA, FL 33619 DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

CR2E034

\_\_ 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)(1), 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 13 if changed or on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

CITY - ST- ZIP

TITLE

NAME STREET ADORESS