

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 656578 (2)
1. Corporation Name
GROUP 4 GRAPHICS, INC.



Principal Place of Business

Mailing Address

13918 FLORIDA AVE. N.
TAMPA FL 33613
US

P.O. BOX 16312
JACKSONVILLE FL 32245-0312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1980

4. FEI Number

59-1976694

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

365 Tilefish Ct.

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

32225

Duval

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMEN, STUART M
9200 INVERRARY CT
JACKSONVILLE FL 32250

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Jacksonville

FL

85 Zip Code

32225

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 reinstating)

DATE

4/1/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CAMEN, STUART M.
STREET ADDRESS 9200 INVERRARY CT.
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ DELETE

TITLE D
NAME WUENSTEL, ALICE M
STREET ADDRESS 7001 EDENBROOK CT.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME SEBASTIAN, JUDITH K.
STREET ADDRESS 3000 LAND O LAKES BD.
CITY-ST-ZIP LAND O LAKES FL

☐ DELETE

TITLE D
NAME SEBASTIAN, TIMOTHY
STREET ADDRESS 3000 LAND O LAKES BLVD.
CITY-ST-ZIP LAND O LAKES FL

☐ DELETE

TITLE D
NAME WUENSTEL, THOMAS E.
STREET ADDRESS 7001 EDENBROOK CT.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

365 Tilefish Ct.

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

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ 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)(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.

STUART CAMEN 4/1/98 (904) 770-1348

CR2E034 (10/97)