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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:02

DOCUMENT # 740842 (0)

1. Corporation Name
SEPIA INCORPORATED

Principal Place of Business	Mailing Address
1106 BROWNELL STREET CLEARWATER FL 34616	1106 BROWNELL STREET CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1977
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-1632753 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1806 Lombardy Dr.	26 1806 Lombardy Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater , FL	City & State 28 Clearwater, Fl
Zip 24 34615 Country 25 Pinellas	Zip 29 34615 Country 30 Pinellas

9. Name and Address of Current Registered Agent

HENRY, VIVIAM L.
1106 BROWNELL ST
CLEARWATER FL 33516

10. Name and Address of New Registered Agent

81 Name: E. J. ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable): 1806 LOMBARDY DR.
83
84 City: CLEARWATER, FL 85 FL Zip Code: 34615

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: E. J. ROBINSON , TREASURER E. J. Robinson 3/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HENRY, VIVIAN L.	1.2 NAME	PRATT, ROBERLE	
STREET ADDRESS	1106 BROWNELL ST.	1.3 STREET ADDRESS	2470 Sunset Point Rd.	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34625	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BARGAS, NICOLE	2.2 NAME	MOORE, MARY	
STREET ADDRESS	3049 KAPOK COVE DR.	2.3 STREET ADDRESS	1760 Copper Kettle Lane	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BIGGS, MARJORIE Y.	3.2 NAME	BEVERLY, ANDREA	
STREET ADDRESS	1275 CEDAR ST.	3.3 STREET ADDRESS	210 LISA LANE	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	ALLEN, ROBERT H., DR	4.2 NAME	ALLEN, ROBERT	
STREET ADDRESS	356 HEDGEROW LANE	4.3 STREET ADDRESS	356 HEDGEROW LANE	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	YOUNG, ROBERT C.	5.2 NAME	YOUNG, ROBERT C.	
STREET ADDRESS	1091 WEATHERSFIELD DR.	5.3 STREET ADDRESS	1091 WETHERSFIELD	
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	TD	6.1 TITLE	TD	☐ Change ☐ Addition
NAME	ROBINSON, E.J.	6.2 NAME	ROBINSON, E.J.	
STREET ADDRESS	1806 LOMBARDY DR.	6.3 STREET ADDRESS	1806 LOMBARDY DR.	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	CLEARWATER, FL 34615	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. J. Robinson 3/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E. J. ROBINSON

0010483