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FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740842 (0)

1. Corporation Name

SEPIA INCORPORATED

Principal Place of Business

1806 LOMBARDY DR
CLEARWATER FL 34615
US

Mailing Address

1806 LOMBARDY DR
CLEARWATER FL 34615-2235
US

3. Date Incorporated or Qualified

11/18/1977

3a. Date of Last Report

03/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Zip

Country

30

4. FEI Number

59-1632753

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, E. J.
1806 LOMBARDY DR
CLEARWATER FL 34615

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE E. J. ROBINSON

E. J. Robinson

2/23/97

Signature, typed or printed name of registered agent, and type 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 ☒ DELETE
NAME PRATT, ROBERLE
STREET ADDRESS 2470 SUNSET POINT RD
CITY-ST-ZIP CLEARWATER FLTITLE VD ☒ DELETE
NAME MOORE, MARY
STREET ADDRESS 1760 COOPERKETTLE LANE
CITY-ST-ZIP DUNEDIN FLTITLE SD ☒ DELETE
NAME BEVERLY, ANDREA
STREET ADDRESS 210 LISA LANE
CITY-ST-ZIP OLDSMAR FLTITLE D ☐ DELETE
NAME ALLEN, ROBERT
STREET ADDRESS 358 HEDGEROW LANE
CITY-ST-ZIP TARPON SPRINGS FLTITLE D ☐ DELETE
NAME YOUNG, ROBERT C.
STREET ADDRESS 1091 WEATHERSFIELD DR.
CITY-ST-ZIP DUNEDIN FLTITLE TD ☐ DELETE
NAME ROBINSON, E.J.
STREET ADDRESS 1806 LOMBARDY DR.
CITY-ST-ZIP CLEARWATER FL1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME MUHAMMAD ABDUR-RAHIM
1.3 STREET ADDRESS 605 PALM BLUFF ST.
1.4 CITY-ST-ZIP CLEARWATER, FL 346152.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME KELLIS GLENN
2.3 STREET ADDRESS 1561 LONG ST.
2.4 CITY-ST-ZIP CLEARWATER, FL 346153.1 TITLE SD ☐ Change ☐ Addition
3.2 NAME WILLA CARSON
3.3 STREET ADDRESS 1777 HARBOR DRIVE
3.4 CITY-ST-ZIP CLEARWATER, FL 346154.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 *E. J. Robinson*

2/23/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)