

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 817769 (3)

1. Corporation Name

VERNON GRAPHICS INC.

Principal Place of Business

8950 9TH ST N  
ST PETERSBURG FL 33702  
US

Mailing Address

8950 9TH ST N  
ST PETERSBURG FL 33702  
US



3. Date Incorporated or Qualified  
03/10/1964

3a. Date of Last Report  
06/01/1995

2. Principal Place of Business

21 8950 9th St. N

Suite, Apt. #, etc.

22

City & State

23 St. Petersburg, FL

Zip

24 33702

Country

25 Pinellas

2a. Mailing Address

26 8950 9th St. N

Suite, Apt. #, etc.

27

City & State

28 St. Petersburg, FL

Zip

29 33702

Country

30 Pinellas

4. FEI Number

13-1997796

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRADSHAW, CHARLES W.  
5414 BEAUMONT COURT BLVD.  
TAMPA FL 33634

10. Name and Address of New Registered Agent

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 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 the date of filing

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D FLYNN, JUDITH ☒ DELETE

NAME 8950 9TH ST N  
ST. PETERSBURG FL  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D FLYNN, HAROLD F. ☒ DELETE

NAME 8950 9TH ST N  
ST. PETERSBURG FL  
STREET ADDRESS  
CITY - ST - ZIP

TITLE T DALLARA, BRUCE D. ☒ DELETE

NAME 8950 9TH ST N  
ST. PETERSBURG FL  
STREET ADDRESS  
CITY - ST - ZIP

TITLE S MORTHAM, KAREN ☒ DELETE

NAME 8950 9TH ST N  
ST. PETERSBURG FL  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D REED, J. GARY ☒ DELETE

NAME 8950 9TH ST N  
ST. PETERSBURG FL  
STREET ADDRESS  
CITY - ST - ZIP

TITLE CT COPPEL, LAWRENCE ☒ DELETE

NAME 8950 9TH ST N  
ST. PETERSBURG FL  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE CEO, President ☐ Change ☒ Addition

12 NAME Ken Mellem  
13 STREET ADDRESS 8950 9th St. N.  
14 CITY - ST - ZIP St. Petersburg, FL 33702

21 TITLE VP-Finance, Secretary, Treasurer ☐ Change ☒ Addition

22 NAME Karen Mortham  
23 STREET ADDRESS 8950 9th St. N.  
24 CITY - ST - ZIP St. Petersburg, FL 33702

31 TITLE Vice President ☐ Change ☒ Addition

32 NAME Mitch Jordan  
33 STREET ADDRESS 8950 9th St. N.  
34 CITY - ST - ZIP St. Petersburg, FL 33702

41 TITLE Vice President ☐ Change ☒ Addition

42 NAME Harry Hallman  
43 STREET ADDRESS 8950 9th St. N.  
44 CITY - ST - ZIP St. Petersburg, FL 33702

51 TITLE Director ☐ Change ☒ Addition

52 NAME Bruce Waterfall  
53 STREET ADDRESS 8950 9th St. N.  
54 CITY - ST - ZIP St. Petersburg, FL 33702

61 TITLE ☐ Change ☒ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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)(k), 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:

Karen M. Mortham KAREN MORTHAM

4-29-96

813-578-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)