

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90002 012 ***550.00

DOCUMENT # **F93000005062** ✓

1. Corporation Name

GRAPHIC ARTS BENEFITS NETWORK AGENCY, INC.

Principal Place of Business

P.O. BOX 45243
CINCINNATI OH 45243

Mailing Address

P.O. BOX 45243
CINCINNATI OH 45243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1993

4. FEI Number

31-1368852

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **P.O. Box 43058**

Suite, Apt. #, etc.

22

City & State

23 **Cincinnati OH**

Zip

24 **45243-0058**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 43058**

Suite, Apt. #, etc.

27

City & State

28 **Cincinnati OH**

Zip

29 **45243-0058**

Country

30 **USA**

9. Name and Address of Current Registered Agent

BYERS, KENNETH V
6250 HAZELTINE NATURAL DRIVE
SUITE 114
ORLANDO FL 32822

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-99

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE
NAME **BYERS, KENNETH V**
STREET ADDRESS **6250 HAZETINE NATIONAL DRIVE, SUITE 114**
CITY-ST-ZIP **ORLANDO FL**

TITLE **STD** ☐ DELETE
NAME **LEE, JULIA**
STREET ADDRESS **8044 MONTGOMERY ROAD, SUITE 624**
CITY-ST-ZIP **CINCINNATI OH**

TITLE **VD** ☐ DELETE
NAME **MANNING, STEVEN L.**
STREET ADDRESS **8044 MONTGOMERY ROAD SUITE 624**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Lee, Julia**
2.3 STREET ADDRESS **7710 Shawnee Run Road**
2.4 CITY-ST-ZIP **Cincinnati OH 45243**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Manning, Steven L.**
3.3 STREET ADDRESS **3 Hickory Hollow**
3.4 CITY-ST-ZIP **Cincinnati OH 45241**

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

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

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

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.

SIGNATURE:

Kenneth V. Byers, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/99 513-561-0011

CR2E034 (5/99)