

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000006443 (5)**

1. Corporation Name

CONTACT GRAPHICS, INC.



Principal Place of Business

Mailing Address

**1952 LAUGHING GULL LANE
SUITE 1415
CLEARWATER FL 34622**

**1952 LAUGHING GULL LANE
SUITE 1415
CLEARWATER FL 34622**

2. Principal Place of Business

2a. Mailing Address

21 **3090 LANDMARK BLVD**

26 **3090 LANDMARK BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1904**

27 **1904**

City & State

City & State

23 **PALM HARBOR, FL**

28 **PALM HARBOR, FL**

Zip

Zip

Country

Country

24 **34684**

25 **PINELLAS**

29 **34684**

30 **PINELLAS**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEMMERMAN, MARLENE
1952 LAUGHING GULL LANE
SUITE 1415
CLEARWATER FL 34622**

81 Name

LEMMERMAN, MARLENE

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

3090 LANDMARK BLVD

83

#1904

84

PALM HARBOR

FL

85 Zip Code

34684

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 filer) (Date)

(Filer) Registered Agent Signature (Date)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **LEMMERMAN, MARLENE**
CITY-ST-ZIP **1952 LAUGHING GULL LANE
CLEARWATER FL 34622**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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 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: *Marlene Lemmerman* MARLENE LEMMERMAN 4-28-96 813-7890431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filer's Phone #

CR2E034 (12/95)