

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G46330** (8)

1. Corporation Name
SIEBER'S GRAPHIC SERVICE, INC.



Principal Place of Business: 12033 ALTOONA AVE. % RONALD W. SIEBER HUDSON FL 34669
Mailing Address: 12033 ALTOONA AVE. % RONALD W. SIEBER HUDSON FL 34669

3. Date Incorporated or Qualified: **06/27/1983**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **59-2323335**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **SIEBER, DALE 12033 ALTOONA AVE. HUDSON FL 34669**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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] (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD	<input type="checkbox"/> DELETE	1.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SIEBER, DALE		12 NAME:	
STREET ADDRESS: 12633 BOX DRIVE		13 STREET ADDRESS:	
CITY-ST-ZIP: HUDSON FL		14 CITY-ST-ZIP:	
TITLE: VSD	<input type="checkbox"/> DELETE	2.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SIEBER, ROSEMARIE		22 NAME:	
STREET ADDRESS: 12633 BOX DR.		23 STREET ADDRESS:	
CITY-ST-ZIP: HUDSON FL		24 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		32 NAME: RONALD W. SIEBER	
STREET ADDRESS:		33 STREET ADDRESS: 8301 CLOYER HILL LOOP	
CITY-ST-ZIP:		34 CITY-ST-ZIP: BAYONET POINT, FL 34667	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		42 NAME: MARIE SIEBER	
STREET ADDRESS:		43 STREET ADDRESS: 8301 CLOYER HILL LOOP	
CITY-ST-ZIP:		44 CITY-ST-ZIP: BAYONET POINT, FL 34667	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		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: [Signature] DATE: **4-8-96** DISTRICT PHONE: **(813) 868-9341**

CR2E034 (12/95)