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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(8)

## **CAMPAIGN GRAPHICS CORPORATION**

Principal Place of Business Meding Address				1 1001111 0011 10811 80118 11814 10111 1861 87811 01811 01811 01811 01811 01811 1881 1881 1881	
1009 SW 17 ST. OCALA FL 34474		PO BOX 4859 OCALA FL 34478			
				3. Date Incorporated or Qualified 11/16/1983	3a. Date of Last Report 03/20/1995
2. Principal Plac	:e of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite. Apt. #, etc		26 Suite, Apt. #, etc.		59-2348001 Not Applicable	
22		27		5. Certricate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Z(p <b>24</b>	Country 25	Zip 29	Gountry 30	8. This corporation has liability for in Florida Statutes X Yes	
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Ro	egistered Agent
			81 Name		
TAMBLINGSON, GLENN K 3620 SE 24TH STREET OCALA FL 33471			82 Street Add	dress (P.O. Box Number is Not Acceptable	(e)
		•	83		
			84 City		les Zin Codo
<del></del>			,		FL  85   Zip Code
Or registered	the provisions of Sections 607,0502 diagent, or both, in the State of Florid i, and accept the obligations of, Sectio	33. Such Charrie was allmon.	izea by the combination's boa	oration submits this statement for the purpare of directors. Thereby accept the appo	pose of changing its registered office orntment as registered agent. I am
SIGNATURE					
Si.	gratin, types or priores name of registered agent a		# Or Hogoleant Agent signature requir		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P TAMOUNICON CUCNINA	☐ DELETE	1.17105		Change 🔲 Addition
NAME Closer appearer	TAMBLINGSON, GLENN K		1.2 NAME		
STREET ADDRESS	3620 S E 24TH ST OCALA FL 34471		1.3 STREET ADDRESS		
TITLE	OUALA FL 3447 I	F DELETE	1.4 C(TY - ST - Z)P 2.1 T(ILE		Change
NAME			2 2 NAMf		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY S1-ZIP		
TITLE		☐ D£LEIE	3 1 1 MLF		Change Addition
NAME			3.2 NAME		<del>- · -</del>
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP	men ma		34 CITY S*-74P		
TITLE		DECETÉ	4 1 11"(F		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C-TY - ST - Z-P		F7 Print	44 CHY ST-ZIP		
TITLE		☐ DELETE	SITITUE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-Z#P		CT DELETE	5.4 Cily-SI-ZiP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6,2 NAME		
			6.5 STREET ADDRESS	The second secon	
14. I do hereby o	certify that the information supplied v	ata tais filma is voluntable for	nished and does not qualfy f	for the expression stated in Section 1107	O Word a Florida Crabulco I further
certify that the oath; that I a appears in F	he information indicated on this action am an officer or director of the corpora Block 12 or Block 13 f charged, or or	al report or sumplemental and alion or the recent or truston in an altachine it with an add	nual report is true and accura- be empowered to execute the dress	for the exemption stated in Section 119 C ate and that my signature shall have the s as report as recurred by Chapter 607. Flo	7(3)(K), Florida Statutes. Flortner same legal effect as if made under irida Statutes; and that my name

SIGNATURE:

K Tambling son 4/30/86

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