


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G70297 (8) 1. Corporation Name CAMPAIGN GRAPHICS CORPORATION					
Principal Place of Business 1009 SW 17 ST. OCALA FL 34474			Mailing Address PO BOX 4859 OCALA FL 34478-4859		
2. Principal Place of Business 21 1009 SW 17th St Suite, Apt. #, etc.		2a. Mailing Address 26 9785 Spencerville Rd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/16/1983	
22 Ocala, FL City & State		27 Spencerville, OH City & State		3a. Date of Last Report 05/01/1996	
23 34474 Zip		28 USA Country		4. FEI Number 59-2348001	
24 34474 Zip		25 USA Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 34474 Zip		27 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 34474 Zip		29 USA Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TAMBLINGSON, GLENN K 3620 SE 24TH STREET OCALA FL 33471			10. Name and Address of New Registered Agent 81 Name Lori Tamblingson 82 Street Address (P.O. Box Number is Not Acceptable) 1009 SW 17th St 83 84 City Ocala FL 85 Zip Code 34474		
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 Lori Tamblingson Lori Tamblingson 4/17/97 Signature of officer or director of corporation (NOTE: Registered Agent signature required when replacing) DATE					
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME TAMBLINGSON, GLENN K STREET ADDRESS 3620 S E 24TH ST CITY-ST-ZIP OCALA FL 34471 TITLE Sec/Treas <input type="checkbox"/> DELETE NAME Lori Tamblingson STREET ADDRESS 1009 SW 17th St CITY-ST-ZIP Ocala, FL 34474 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 9785 Spencerville Rd 1.4 CITY-ST-ZIP Spencerville, OH 45887 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Lori Tamblingson Lori Tamblingson 4/17/97 352-368-5080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)