FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 18 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H95373 (7)

1. Corporation Name
FUNDS/HAYS GRAPHIC DESIGN, INC.

Principal Place of Business	Mailing Address
PO OBX 22515 TAMPA FL 33622	PO OBX 22515 TAMPA FL 33622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/17/1986	03/30/1994

4. FEI Number: 59-2680894 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

FUNDS, WILLIAM K.
4438 SUMMER OAK DRIVE
TAMPA FL 33624

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FUNDS, WILLIAM K.
STREET ADDRESS	4438 SUMMER OAK DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	FUNDS, LAURA L.
STREET ADDRESS	4438 SUMMER OAK DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank entries, each with TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and ☐ Change ☐ Addition)

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)(i), Florida Statutes. I further certify that the information indicated on the 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: William Karl Funds ~~William KARL Funds~~ 5/10/95 813-931-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0443500 FP

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1995

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Secretary of State

APPROVED AND FILED

MAY 12 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H96715** **(8)**

1. Current Name
CARLWELL CORP.

Principal Place of Business
3947 BLVD CTR DR
STE - 110
JACKSONVILLE FL 32207
US

Mailing Address
3947 BLVD CTR DR
STE 110
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Fall Accomplished (Quarter) **01/30/1986**
3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2650189**
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

7. Name and Address of Person Authorized to Inspect and Copy Records

Fee Enclosed

9. Name and Address of Current Registered Agent

BAUMER, THOMAS M
ONE ENTERPRISE CENTER #2000
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 **FL** 85 Zip Code

11. The above designated registered agent has been notified of this designation and has accepted appointment as registered agent. I am aware that any records I receive as registered agent may be audited.

12. Officers and Directors

DP
POWELL III, FRANK CARL
3947 BLVD CNTR DR #110
JACKSONVILLE FL

13. Additions, Changes to Officers and/or Directors

14. To the best of my knowledge and belief, this report is true and accurate and I am authorized to sign this report. A false report is a violation of section 817.155, Florida Statutes.

SIGNATURE: F.C. Powell III F.C. POWELL III 5/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

0018991 CP