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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

J78964

(0)

FILED					
Feb 04 1998	8:00am				
Secretary of	f State				

GRAPH	IIC SERVICES OF TAMPA,	INC.		1 (401) (8 0) (1 (401) (61) (61) (61) (61) (61) (61) (61) (6
Principal Plac	ce of Business	Mailing Address		ı tadirin biri tadalı ibira ibirk birit dibir bibir bibir bibir bibir bibir bibir
104 W. SENE	CA	104 W. SENECA		
SUITE 5 SUITE 5 TAMPA FL 33612 TAMPA FL 33612			DO NOT WRITE IN THIS SPACE	
IAMPATLA	x012	IAMEN EL SSOIZ		3. Date Incorporated or Qualified
				06/22/1987
	Place of Business	2a. Mailing Addre	SS	4, FEt Number Applied For
		26		59-2822217 Not Applicable
Suite, Apt. #, etc.		etc.	5. Certificate of Status Desired S8.75 Additional	
22 City & Stal	la	Cily & Slale		Fee Required
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees
∠ip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 📈 Yes 🗌 No
	9. Name and Address of Curre	ni Registered Agent		10. Name and Address of New Registered Agent
DE	BOSKEY, WILLIAM P		81 N	lame
	4 W. SENECA		62 St	treet Address (P.O. Box Number is Not Acceptable)
	ITE 5		-	
TA	MPA FL 33912		83	
			84 Ci	ity 85 Zip Code
44 Dureuant	to the provisions of Cactions 507 05	.02 and 607 1509 Florida	Statutes, the above an	amed corporation submits this statement for the purpose of changing its registered
office or r	re oister ed agent, or both, in the Stati	e of Florida. Such chang	e was authorized by the	e corporation's board of directors. Thereby accept the appointment as registered
	nm familiar with, and a copt the oblic		() ()	Rocks D D 1 1/2 Man
SIGNATURE	Signature, typud or printed name of registered as	grout and following phosphile	(NOTE Begistered Agent sig	Soskey-Yres jourt 1/28/97
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELI	TE 1.1 TITLE	Change Addition
NAME	DEBOSKEY, WILLIAM P.		1.2 NAME	
STREET ADDRESS	104 W. SENECA #5		13 STREET ADDR	RESS
CITY-ST-ZIP	TAMPA FL 33612		1.4 CHY-ST-ZIP	
TITLE	D D D D D D D D D D D D D D D D D D D	L.J DELI		L_J Change L_l Addition
NAME OTREET ADDRESS	DEBOSKEY, WILLIAM P.		2.2 NAME	
STREET ADDRESS	104 W. SENECA #5 TAMPA FL 33612		2 3 SIRFET ADDR	
CITY-ST-ZIP TITLE	JAMEA FL 33012	☐ DELI	2 4 CITY - ST - ZII TE 31 HTLF	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDR	RFSS
CITY-ST-ZIP			3.4. CITY - ST - ZII	
TITLE		☐ DELE		Change Addition
NAME			4. 2 NAMÉ	
STREET ADDRESS			4.3 STREET ADDR	RESS
CITY-ST-ZIP			4.4 CITY - ST - ZIP	P
TITLE		DELE	TE 5.1 117£E	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STHEET ADDR	
CITY-ST-ZIP	·		54 CITY-ST-ZIP	
TITLE		☐ DELE		Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDR	
CITY-ST-ZIP	positive that the information of the first	oth this Olive does at a	6.4 CITY-ST-ZIP	olated in Continue 110 07/00/0 Clarida Clab day 14 office and 1.0 of 1.0

I 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