

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

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K01976** (5)  
1. Corporation Name  
**TRI-AD GRAPHICS, INC.**



Principal Place of Business <b>12250 ORANGE RIVER BLVD FT. MYERS FL 33905</b>	Mailing Address <b>12250 ORANGE RIVER BLVD FT. MYERS FL 33905</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4222 Fowler St</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>4222 Fowler St</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/09/1987</b>	
22 City & State 23 <b>Fort Myers Fl 33901</b>		27 City & State 28 <b>Fort Myers, Fl. 33901</b>		4. FEI Number <b>65-0069648</b>	
24 Zip 25 <b>USA</b>		29 Zip 30 <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SANDERS, LYMAN E. 12250 ORANGE RIVER BLVD. FT. MYERS FL 33905</b>		10. Name and Address of New Registered Agent 81 Name <b>Sanders, Lyman E.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4222 Fowler Street</b> 83 84 City <b>Fort Myers,</b> <b>FL</b> 85 Zip Code <b>33901</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SANDERS, LYMAN E.</b> <b>12250 ORANGE RIVER BLVD.</b> <b>FT. MYERS FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D / P</b> <b>Sanders, Lyman E</b> <b>4222 Fowler Street</b> <b>Fort Myers, Fl. 33901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SANDERS, THERESA J.</b> <b>12250 ORANGE RIVER BLVD.</b> <b>FT. MYERS FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>S/T</b> <b>MELTON, JULIE</b> <b>4222 FOWLER STREET</b> <b>FORT MYERS, FL. 33901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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.

SIGNATURE *Lyman E. Sanders* **LYMAN E. SANDERS** 941-274-3155

CR2E034 (10/97)