FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L00054** **(1)**

1. Corporation Name

PARAMOUNT MILLER GRAPHICS, INC.

Principal Place of Business

5299 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US

Mailing Address

5299 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified: 06/30/1989

3a. Date of Last Report: 05/16/1995

4. FEI Number: 59-2962266 — 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

8. This corporation has subject for intangible tax under s. 199.032, Florida Statutes: ☑ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MILLER, ROBERT L
121 W FORSYTH ST
SUITE 200
JACKSONVILLE FL 32202

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 Section 607.0505 or 608.415, 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. The corporation agrees that it will comply with all applicable provisions of Florida Statutes and that it will be lawfully organized and qualified to transact business in Florida. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MILLER, ROBERT L.	
STREET ADDRESS	121 W FORSYTH ST #200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DC	☐ DELETE
NAME	WALTHER, FREDERICK S	
STREET ADDRESS	5299 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	WALTHER, MICHAEL J	
STREET ADDRESS	5299 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	WALTHER, JOHN J	
STREET ADDRESS	5299 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	DAHL, ROBERT J	
STREET ADDRESS	5299 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	STEIN, ROBERT L	
STREET ADDRESS	121 W FORSYTH ST #200	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☐ Change ☐ Addition
12 NAME	George Brookshire	
13 STREET ADDRESS	121 W FORSYTH #200	
14 CITY-ST-ZIP	Jacksonville FL 32202	
21 TITLE	S	☐ Change ☐ Addition
22 NAME	Martin D. Kulchin	
23 STREET ADDRESS	5299 St Augustine Rd	
24 CITY-ST-ZIP	Jacksonville FL 32207	
31 TITLE	V	☐ Change ☐ Addition
32 NAME	John P. Aheron	
33 STREET ADDRESS	5299 St Augustine Rd	
34 CITY-ST-ZIP	Jacksonville FL 32207	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report or an attachment with an addition, change, or deletion.

SIGNATURE: Martin D. Kulchin — 3/26/96 — 904 448 1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number