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 -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L85547 (2)

1. Corporation Name

MAGICOLOR GRAPHIC DESIGN & PRINTING SERVICES, IN C.

Principal Place of Business	Mailing Address
C/O MARLOW MILLER 635 RABBIT ROAD, BOX 476 SANIBEL FL 33957	C/O MARLOW MILLER 635 RABBIT ROAD, BOX 476 SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1990

3a. Date of Last Report: 04/11/1994

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 / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 65-0201972 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, MARLOW
635 RABBIT ROAD
BOX 476
SANIBEL FL 33957

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE NOT	VICE PRESIDENT	☒ Change ☐ Addition
NAME	TOLLETTE, THOMAS A.	12 NAME	DIRECTOR ONLY	
STREET ADDRESS	820 SOUTH ROME	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	MILLER, MARLOW L.	22 NAME	MILLER, MARLOW L., JR.	
STREET ADDRESS	635 RABBIT ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	24 CITY ST ZIP		
TITLE	DP	31 TITLE		☐ Change ☐ Addition
NAME	STONE, BRIDGIT M	32 NAME		
STREET ADDRESS	701 N SCHOOL	33 STREET ADDRESS		
CITY-ST-ZIP	NORMAL IL	34 CITY ST ZIP		
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	MILLER, MICHELE	42 NAME		
STREET ADDRESS	3196 WESTFIELD RIDGE	43 STREET ADDRESS	1699 ALCAN DRIVE - UNIT 206	
CITY ST ZIP	NEENAH WI	44 CITY ST ZIP	MENASHA WI 54952	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, BRENDA H	52 NAME		
STREET ADDRESS	9416 BEVERLY LANE	53 STREET ADDRESS		
CITY ST ZIP	SANIBEL FL	54 CITY ST ZIP		
TITLE	T	61 TITLE		☒ Change ☐ Addition
NAME	MILLER, MARLOW L III	62 NAME		
STREET ADDRESS	507 MANSFIELD DRIVE	63 STREET ADDRESS	635 RABBIT ROAD	
CITY ST ZIP	ALTAMONTE SPRINGS FL	64 CITY ST ZIP	SANIBEL FL 33957	

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 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: Marlow L Miller Jr DIRECTOR 3/30/95 813/395-1165

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

MARLOW L. MILLER, JR.

045028 FP