

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 # L94215 (5)

1. Corporation Name
HIGH COTTON GRAPHICS, INC.



Principal Place of Business
560-2 PINE ISLAND RD.
N. FORT MYERS FL 33903

Mailing Address
560-2 PINE ISLAND RD.
N. FORT MYERS FL 33903

3. Date Incorporated or Qualified 08/14/1990
3a. Date of Last Report 08/03/1995

2. Principal Place of Business
21 1873 N. TAMiami TRAIL
Suite, Apt. #, etc.
22 City & State
23 N. FT MYERS, FL
Zip 24 33903
Country 25 LEE
26 27 28 29 30

4. FLE Number 65-0213505
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

10. Name and Address of New Registered Agent

SHIFRIN, SHARI
560-2 PINE ISLAND RD.
N. FT. MYERS FL 33903

81 Name SHARI SHIFRIN
82 Street Address (P.O. Box Number is Not Acceptable) 1873 N. TAMiami TRAIL
83
84 City NORTH FT MYERS, FL
85 Zip Code 33903

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SHIFRIN, SHARI	9061 SAN CARLOS BLVD.	FT. MYERS FL	<input type="checkbox"/>
ST	CROUCH, RAY W.	1884 C. FLORRIE CT.	N. FT. MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1	1	1	1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	2	2	2	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	3	3	3	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	4	4	4	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	5	5	5	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	6	6	6	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY W CROUCH

4/30/96

941-995-7680

DATE

Daytime Phone #

CR2E034 (12/95)