

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

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # M52748 (4)**

1. Corporation Name  
**BODDY COPY GRAPHICS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>4178 ROSE ARBOR CIRCLE<br/>                 PORT CHARLOTTE FL 33948</b> | Mailing Address<br><b>4178 ROSE ARBOR CIRCLE<br/>                 PORT CHARLOTTE FL 33948</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                |                        |                     |                 |
|--------------------------------|------------------------|---------------------|-----------------|
| 2. Principal Place of Business |                        | 2a. Mailing Address |                 |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 27 City & State     | 28 City & State |
| 22 City & State                | 29 City & State        | 23 Zip              | 30 Zip          |
| 24 Country                     | 25 Country             | 28 Country          | 30 Country      |

*SAME* (written across 21, 22, 23, 24)

*SAME* (written across 26, 27, 28, 29)

3. Date Incorporated or Qualified  
**05/26/1987**

4. FEI Number  
**59-2814713**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**WIEDUWILT, KATHY L.  
 1251 SE 14TH COURT  
 DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

*SAME* (written across 81, 82, 83, 84)

**FL** (written in 85)

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             | DELETE                   |
|----------------------------|-----------------------------|--------------------------|
| TITLE                      | <b>VPS</b>                  | <input type="checkbox"/> |
| NAME                       | <b>WIEDUWILT, GERALD J.</b> |                          |
| STREET ADDRESS             | <b>1251 S.E. 14TH CT.</b>   |                          |
| CITY-ST-ZIP                | <b>DEERFIELD BEACH FL</b>   |                          |
| TITLE                      | <b>PT</b>                   | <input type="checkbox"/> |
| NAME                       | <b>WIEDUWILT, KATHY L.</b>  |                          |
| STREET ADDRESS             | <b>1251 S.E. 14TH CT.</b>   |                          |
| CITY-ST-ZIP                | <b>DEERFIELD BEACH FL</b>   |                          |
| TITLE                      |                             | <input type="checkbox"/> |
| NAME                       |                             |                          |
| STREET ADDRESS             |                             |                          |
| CITY-ST-ZIP                |                             |                          |
| TITLE                      |                             | <input type="checkbox"/> |
| NAME                       |                             |                          |
| STREET ADDRESS             |                             |                          |
| CITY-ST-ZIP                |                             |                          |
| TITLE                      |                             | <input type="checkbox"/> |
| NAME                       |                             |                          |
| STREET ADDRESS             |                             |                          |
| CITY-ST-ZIP                |                             |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |
| 1.4 CITY-ST-ZIP                                       |  |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |
| 2.4 CITY-ST-ZIP                                       |  |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |
| 3.4 CITY-ST-ZIP                                       |  |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |
| 4.4 CITY-ST-ZIP                                       |  |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |
| 5.4 CITY-ST-ZIP                                       |  |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  |                          |                          |
| 6.3 STREET ADDRESS                                    |  |                          |                          |
| 6.4 CITY-ST-ZIP                                       |  |                          |                          |

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: *Gerald J. Wieduwilt* (GERALD J. WIEDUWILT 1/16/98 941-255-0577)

CR2E034 (10/97)