


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

APPROVED
AND
FILED

97 MAY -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000031965 (5)**

1. Corporation Name

TEAM SPIRIT GRAPHICS, INC.

Principal Place of Business

**1630H BAINBRIDGE RD
TALLAHASSEE FL 32303
US**

Mailing Address

**1630H BAINBRIDGE RD
TALLAHASSEE FL 32303
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

09/30/1996

4. FEI Number

59-3184780

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

**HERTZBERG, TODD F
1013 MAGNOLIA DR
CLEARWATER FL 34616**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEROUX, L. WAYNE	
STREET ADDRESS	1335 FALLSMEAD CT	
CITY - ST - ZIP	OLDSMAR FL 34677	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEROUX, DARREN R	
STREET ADDRESS	1335 FALLSMEAD CT	
CITY - ST - ZIP	OLDSMAR FL 34677	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEROUX, BARBARA L.	
STREET ADDRESS	1335 FALLSMEAD CT.	
CITY - ST - ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STANSBURY, TODD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3580 SEDONA LOOP	
1.3 STREET ADDRESS	TALLAHASSEE, FL 32308	
1.4 CITY - ST - ZIP		
2.1 TITLE	MENDOZA, KIFF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2810 ST. LEONARD DR.	
2.3 STREET ADDRESS	TALLAHASSEE, FL 32312	
2.4 CITY - ST - ZIP		
3.1 TITLE	SULLIVAN, SHANNON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	226 DAY ST.	
3.3 STREET ADDRESS	TALLAHASSEE, FL 32304	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002167604--0	
4.3 STREET ADDRESS	-05/06/97--01075--020	
4.4 CITY - ST - ZIP	****165.00 ****165.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD STANSBURY

4-20-97

904-425-1966

Date

Daytime Phone #

CR2E034 (9/96)