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 APR 17 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000043136 (9)**

1. Corporation Name
STYLES COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
2316 W 23RD ST PANAMA CITY FL 32405 US	13315 TAMIAMI TRAIL NORTH NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/17/1993**
3a. Date of Last Report: **04/19/1994**

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

4. FEI Number: **59-3188081** ☐ 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

GERMAIN, ROBERT L JR
13315 TAMIAMI TRAIL NORTH
NAPLES FL 33963

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	D	11 TITLE		☐ Change ☐ Addition
NAME	GERMAIN, ROBERT L JR	12 NAME		
STREET ADDRESS	13315 TAMIAMI TRAIL NORTH	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963	14 CITY-ST-ZIP		
TITLE		21 TITLE	PSD	☒ Change ☐ Addition
NAME		22 NAME	DIBACCO, THOMAS	
STREET ADDRESS		23 STREET ADDRESS	3055 ROUND TABLE COURT	
CITY-ST-ZIP		24 CITY-ST-ZIP	NAPLES, FL	
TITLE		31 TITLE	D	☒ Change ☐ Addition
NAME		32 NAME	STYLES, KIM	
STREET ADDRESS		33 STREET ADDRESS	3055 ROUND TABLE COURT	
CITY-ST-ZIP		34 CITY-ST-ZIP	NAPLES, FL	
TITLE		41 TITLE	D	☒ Change ☐ Addition
NAME		42 NAME	GERMAIN, STEPHEN L.	
STREET ADDRESS		43 STREET ADDRESS	166 STANBERRY DRIVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	BEXLEY, OH	
TITLE		51 TITLE	D	☒ Change ☐ Addition
NAME		52 NAME	GERMAIN, RICHARD B.	
STREET ADDRESS		53 STREET ADDRESS	4740 RIVERSIDE DRIVE	
CITY-ST-ZIP		54 CITY-ST-ZIP	COLUMBUS, OH	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

4/1/19

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0331842 CP