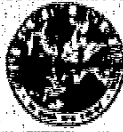


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 PH 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043136 (9)

1. Corporation Name

STYLES COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**2316 W 23RD ST
PANAMA CITY FL 32405
US**

Mailing Address
**13315 TAMiami TRAIL NORTH
NAPLES FL 33963**

3. Date Incorporated or Qualified
06/17/1993

3a. Date of Last Report
04/19/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.
22

2a. Mailing Address

23. City & State

24. Zip

25. Country

26. Zip

27. Country

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

85. Zip Code

FL

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D

NAME
GERMAIN, ROBERT L JR

STREET ADDRESS
13315 TAMiami TRAIL NORTH

CITY - ST - ZIP
NAPLES FL 33963

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **PSD** ☒ Change ☐ Addition

2.2 NAME
DIBACCO, THOMAS

2.3 STREET ADDRESS
3055 ROUND TABLE COURT

2.4 CITY - ST - ZIP
NAPLES, FL

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME
STYLES, KIM

3.3 STREET ADDRESS
3055 ROUND TABLE COURT

3.4 CITY - ST - ZIP
NAPLES, FL

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME
GERMAIN, STEPHEN L.

4.3 STREET ADDRESS
166 STANBERRY DRIVE

4.4 CITY - ST - ZIP
BEXLEY, OH

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME
GERMAIN, RICHARD B.

5.3 STREET ADDRESS
4740 RIVERSIDE DRIVE

5.4 CITY - ST - ZIP
COLUMBUS, OH

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typing Name