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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:10

DOCUMENT # **P93000059426 (5)**

1. Corporation Name
KALEIDOSCOPE ADVERTISING & DESIGN, INC.

Principal Place of Business	Mailing Address
13000 SAWGRASS VILLAGE CR STE 15 PONTE VEDRA BEACH FL 32082 US	13000 SAWGRASS VILLAGE CR STE 15 PONTE VEDRA BEACH FL 32082 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/25/1993
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 / 29
Country — 25 / 30

4. FEI Number: 59-3201008 ☐ 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

JOSLIN, MICHAEL D.
13000 SAEGRASS VILLAGE STE 15
PONTE VEDRA BEACH FL 32082

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: Kathryn DR Joslin — kathryn DR Joslin — 3-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	JOSLIN, KATHRYN R	12 NAME	
STREET ADDRESS	109 KNOTTY PINE TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082-3024	14 CITY-ST-ZIP	
TITLE	DT	21 TITLE	☒ Change ☐ Addition
NAME	JOSLIN, MICHAEL	22 NAME	
STREET ADDRESS	109 KNOTTY PINE TRAIL	23 STREET ADDRESS	Delete
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082-3024	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	MIDDLEBROOK, GAYLE	32 NAME	
STREET ADDRESS	109 KNOTTY PINE TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082-3024	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☒ Change ☐ Addition
NAME	MIDDLEBROOK, MARK	42 NAME	
STREET ADDRESS	109 KNOTTY PINE TRAIL	43 STREET ADDRESS	Delete
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082-3024	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Kathryn DR Joslin — 3-8-95 — 904 273-5998
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004650 CP