04-30-1997 02:21PM FROM CB&G FWB TO 8639728 P.01

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P93000084829 (9)

1. Corporation Name

TRI-GRAPHICS, INC.

Principal Place of Business

~~819 PINEDALE ROAD~~
~~STE. 200~~
~~FORT WALTON BEACH FL 32547~~

Mailing Address

~~819 PINEDALE ROAD~~
~~STE 200~~
FORT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
1 Suite A	26 P O Box 1300
Suite, Apt. #, etc. 2 320 Bayshore Dr.	Suite, Apt. #, etc. 27
City & State 3 Niceville FL	City & State 28 Ft. Walton Bch FL
Zip 4 32578 / County 25 Okaloosa	Zip 29 32549 / County 30 Okaloosa

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report:
4. FEI Number: ~~59-3196149~~ 59-3212037 — 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

DRIVER, CATHY A
~~810 PINEDALE ROAD~~
~~STE. 200~~
FORT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name: Cathy A. Beaty
82 Street Address (P.O. Box Number is Not Acceptable): 1003 Highgrove Court
83
84 City: Ft. Walton Bch 85 FL 86 Zip Code 32547

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 Cathy A. Beaty — DATE 4/30/97

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	DRIVER, CATHY A	1.2 NAME	Cathy A. Beaty
STREET ADDRESS	151 ELDREDGE ROAD	1.3 STREET ADDRESS	1003 Highgrove Ct.
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	1.4 CITY-ST-ZIP	Ft. Walton Bch FL 32547
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Cathy A Beaty Cathy A. Beaty — 4/30/97 — 904 863-9728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

TOTAL P.01