...E 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
95 MAY -1 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056046 (3)**

1. Corporation Name
LOBRUS GRAFX, INC.

Principal Place of Business	Mailing Address
1114 E. JOHN SIMS PKWY., #283 NICEVILLE FL 32578	1114 E. JOHN SIMS PKWY., #283 NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/27/1994
3a. Date of Last Report:

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

4. FEI Number: 59-3259532 ☐ 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

GASPARIAN, RICHARD G
1114 E. JOHN SIMS PKWY., #283
NICEVILLE FL 32578

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: Richard G. Gasparian PRESIDENT — 25 APRIL 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	D	1.1 TITLE	P,T,D	☒ Change ☐ Addition
NAME	GASPARIAN, RICHARD G	1.2 NAME	GASPARIAN, RICHARD G	
STREET ADDRESS	819 MAGNOLIA SHORES DRIVE	1.3 STREET ADDRESS	819 MAGNOLIA SHORES DR	
CITY-ST-ZIP	NICEVILLE FL 32578	1.4 CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	2.1 TITLE	V,D	☒ Change ☐ Addition
NAME	MENENDIAN, LORETTA	2.2 NAME	MENENDIAN, LORETTA	
STREET ADDRESS	2517 LANGTREE COURT	2.3 STREET ADDRESS	17911 SAILFISH DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	2.4 CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	WRANN, BRENDA	3.2 NAME	WRANN, BRENDA	DELETE
STREET ADDRESS	635 BIRKDALE CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	S,D	☐ Change ☒ Addition
NAME		4.2 NAME	MENENDIAN, HNG	
STREET ADDRESS		4.3 STREET ADDRESS	17911 SAILFISH DR	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LUTZ FL 33549	
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		

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: Richard G. Gasparian — 25 APRIL 95 — 904 729-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD G. GASPARIAN

0391791 CP