FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000057263 (3)

	EXTRA GHAPHICS, INC.							
Principal Plac	Mailing Address							
3000 16TH STREET N 3000 16TH STREET N ST. PETERSBURG FL 33704 US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2. Principal P	lace of Business	2a, Mailing Address			 -	08/03/1994 4. FEI Number		oplied For
21		26				59-3258652	 	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22	<u> </u>					Fee Required		
City & State	0	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
Zip	Country	Zip	Count	rv		8. This corporation owes or has paid the c		
24	25	29	— — · · · · · · · · · · · · · · · · · ·			Personal Property Tax due June 30. X Yes No		
	9. Name and Address of Cur	rent Registered Agent		Ţ		10. Name and Address of New Registere	d Agent	
VO	ORHIS, JOHN L		8	1	Name			
	47 BONITA WAY S		82 Street Add		Street Addr	ress (P.O. Box Number is Not Acceptable)		
ST	PETERSBURG FL 33712		8	-				
			0	3				
			8	4	City	F	85 Zip (Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the ob- signature, typed or printed name of registerior					poration submits this statement for the purpose tion's board of directors. I hereby accept the a		registered
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	IS IN 12
TITLE	D			1.1 TITLE			Change	Addition
NAME	VOORHIS, JOHN L		1.2 NAMI	E	1			
STREET ADDRESS	1847 BONITA WAYS			1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	ST. PETERSBURG FL D	DELETE		2.1 TITLE			Change	Addition
NAME	VOORHIS, JILL	occit	2.7 NAME		}		C Change	L_ Addition
STREET ADDRESS	1847 BONITA WAY S		2.3 STRE		DORESS			
CITY-ST-ZIP	ST. PETERSBURG FL			2. 4 CITY - ST - ZIP				
TITLE	<u></u>	DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAM(E				
STREET ADDRESS			3.3 STRE	ET AL	JDRESS			
CITY-ST-ZIP	DELETE			3.4. CITY - ST - ZIP				The same of
TITLE			4.1 TITLE				☐ Change	Addition
NAME STREET ADDRESS			4 2 NAM 4.3 STRE		nnorce			
CITY-ST-ZIP			4.4 CITY					
TITLE	OELETE		5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME	E				
STREET ADDRESS			5.3 STREE	ET AL	OORESS			
CITY-ST-ZIP			5.4 CITY -	-SI-	ZIP			
TITLE	DELETE		6.1 TITLE	6.1 TITLE			☐ Change	Addition
NAME	•		6.2 NAME	E				
STREET ADDRESS			6.3 STREE		í			
CITY-ST-ZIP	notify that the information symplic	d with this filing does not evalid	6.4 CITY-			Section 119.07(3)(i), Florida Statutes. I further	and the that the	Information
indicated officer or	on this annual report or suppleme	ental annual report is true and a receiver or trustee empowered	accurate and t	hat	my signatur	rie shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and tha	under oath: tha	atlam an

John / Vocasin 812 898-5550