

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000081756 (6)

1. Corporation Name  
FIRE GRAFIX, INC.



Principal Place of Business

Mailing Address

1446 SE 19TH LANE  
C  
CAPE CORAL FL 33990  
US

PO BOX 61712  
SUITE C  
FT MYERS FL 33906-1712  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1994

4. FEI Number

65-0528870

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 12332-2 Woodrose Ct.

2a. Mailing Address

26 PO Box 61712

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. Myers, FL

City & State

28 Ft Myers, FL

Zip

24 33907

Country

25 US

Zip

29 33906-1712

Country

30 US

9. Name and Address of Current Registered Agent

HARTLIEB, CARL J  
1446 SE 19TH LANE  
CAPE CORAL FL 33990

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HARTLIEB, CARL J  
STREET ADDRESS 1446 SE 19TH LANE  
CITY-ST-ZIP CAPE CORAL FL

TITLE SD ☒ DELETE

NAME SCHULTZ-SILVERMAN, BARBARA  
STREET ADDRESS 2161 WYANDOTTE AVE  
CITY-ST-ZIP ALVA FL

TITLE VPD ☐ DELETE

NAME CARMELL, KIMBERLY M.  
STREET ADDRESS 12332-2 WOODROSE COURT  
CITY-ST-ZIP FORT MYERS FL

TITLE TD ☐ DELETE

NAME VERNEAU, PATRICIA E  
STREET ADDRESS 1400 KIMDALE ST E  
CITY-ST-ZIP LEHIGH FL

TITLE VPD ☒ DELETE

NAME HARTZELL, CLIFFORD L  
STREET ADDRESS 23 JACKSON AVE  
CITY-ST-ZIP LEHIGH FL

TITLE ☐ DELETE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 Patricia E. Verneau 3/20/98 (941) 275-9181

CR2E034 (10/97)