DOCUMENT #	P94000093214
L Entity Name	

BEST GRAPHICS, INC.

Principal Place of Business

5569 BOWDEN RD.

SUITE 6 JACKSONVILLE FL 32216

2. Principal Place of Business

JACKSONVILLE FL 32202

(See criteria on back)

Mailing Address 5569 BOWDEN RD.

> SUITE 6 JACKSONVILLE FL 32216

3. Mailing Address



FILED

DO NOT WRITE IN THIS SPACE

130wden Rd Bowden Rd. Suite, Apt. #, etc. acksonville 32216

Country

4. FEI Number 59-3303414

7. Name and Address of New Registered Agent

\$8.75 Additional 5. Certificate of Status Desired Fee Required

DATE

6. Name and Address of Current Registered Agent HOLBROOK, H LEON ONE INDEPENDENT DR SUITE 2301

Name Street Address (P.O. Box Number is Not Acceptable)

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Huntley, Ward 5569 Bowaen Rd., Ste. **5** HUNTLEY, WARD NAME NAME 5569 BOWDEN RD SUITE 6 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL Change TITLE Delete TITLE ☐ Addition Ferguson, Reith A 5569 Bawden Rd., Ste. 5 NAME FERGUSON, KEITH A NAME STREET ADDRESS 5569 BOWDEN RD SUITE 6 STREET ADDRESS Jacksonville, FL' CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Favorite, Karen 5569 Bowden Rd., Ste.5 FAVORITE, KAREN NAME STREET ADDRESS 5569 BOWDEN ROAS SUITE 6 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Jacksoninte 91 ☐ Delete TITLE ☐ Addition TITLE with, Kelly Name + AREHART, KELLY 5569 Banden Rd. Ste S address 5569 BOWDEN ROAD SUITE 6 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP Jacksonville ☐ Change TITLE ☐ Defete TITLE Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(9/01)