FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000000039 (4) DOCUMENT #

1. Corporation Name

SALEM GRAPHICS SOUTH, INC.

FILED Mar 04 1996 8:00 am Secretary of State

OALLIN	Gira filos costili ilito.			
Principal Place of Business		Mailing Address		
12709 DUPONT CIRCLE TAMPA FL 33626		12708 DUPONT CIRCLE TAMPA FL 33626		
				3. Date Incorporated or Qualified 3a. Date of Last Report 01/03/1995
2. Principal Place of Business		2a. Mailing Address		4 FET Number Applied For
n		26		59-3286846 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
City & State		28		Trust Fund Contribution Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes X Yes No
	g. Name and Address of Curren	t Registered Agent	(81) Name	10. Name and Address of New Registered Agent
1201 HA' TALLAHA	SSEE FL 32301		83 /270 64 Cuy	8 DUPONT (ICC C FL 85 319, Code Sortion submits this statement for the purpose of changing its registered office and the propriet and the propriet and the purpose of the purpose of changing its registered agent. Lam.
or registers	ed agent, or both, in the State of Flora h, and accept the obligations o <u>f, Sect</u>	da Such change was authonze ion 607.0505, Florida Statutes. **DUANEA.BALTA** and the if ansistable (NO)	d by the corporation's book E. Registered Agent septiative require 13.	\times 2-/6-94
TITLE	DP	DELETE.	1 1 TITLE	☐ Change ☐ Addition
NAME	BARTON, DUANE A		U2 NAME	
STREET ADDRESS	12708 DUPONT CIRCLE		1.3 STREET ADDRESS	
C:TY-\$T-ZIP	TAMPA FL 33626	DELETE	1.4 CITY - ST - ZIP	Change Addition
TITLE	DV Barton, Darrin D		2 1 TILLE 22 NAME	[] s.m.g, []
NAME STREET ADDRESS	12708 DUPONT CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626		2.4 CiTY - ST - ZIP	
TITLE	DST	☐ DEFETE	3 1 TIT. F	☐ Change ☐ Addition
NAME	BARTON, NANCY J		3 2 NAME	
STREET ADDRESS	12708 DUPONT CIRCLE		3.3 STREET ADDRESS	
CITY-S1-ZIP	TAMPA FL 33626		3 4 C-1Y - S1 - ZIF	☐ Change ☐ Addition
TITLE		☐ DELETÉ	4 1 1/1(E	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
C/TY - ST - Z/P TITLE		DELETE	4 4 CITY - ST - ZIP 5 1 TIFLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CHTY ST-ZIP	
TITLE		☐ DELETE	6 1 TIFLE	Change Addition
NAME			6.2 NAME	2 \
STREET ADDRESS			6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP			64 GITY - S1 - 7:P	
		the state of the s	shed and door not qualify	v for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further

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 1 19.07(3)(k), 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 trusted 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.

DUANE A. BARTON X 2-16-96 X 8/3/854-1766
OF SIGNING OFFICER OR DIRECTOR