

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000000039 (4)

1. Corporation Name
SALEM GRAPHICS SOUTH, INC.

Principal Place of Business

12708 DUPONT CIRCLE
TAMPA FL 33626

Mailing Address

12708 DUPONT CIRCLE
TAMPA FL 33626-3041

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Name and Address of Current Registered Agent

BARTON, DUANE A
12708 DUPONT CIR.
TAMPA FL 33626

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1503, 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 607.0607, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this report

PRINTED NAME of person authorized to execute this report

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DEPT

NAME
BARTON, DUANE A
STREET ADDRESS
12708 DUPONT CIRCLE
CITY-STATE-ZIP
TAMPA FL 33626

TITLE ☐ DEPT

NAME
BARTON, DARRIN D
STREET ADDRESS
12708 DUPONT CIRCLE
CITY-STATE-ZIP
TAMPA FL 33626

TITLE ☐ DEPT

NAME
DST
BARTON, NANCY J
STREET ADDRESS
12708 DUPONT CIRCLE
CITY-STATE-ZIP
TAMPA FL 33626

TITLE ☐ DEPT

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DEPT

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DEPT

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 NAME

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 NAME

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 NAME

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 NAME

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 NAME

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report and on the information report is true and accurate, and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of this corporation, I agree to receive the fee for this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 of block 13 of changes to officers and directors with no address.

SIGNATURE *Duane A. Barton*

FILED
Apr 24 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified
01/03/1995

3a. Date of Last Report
02/20/1996

4. FFI Number
59-3286846

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

10. Name and Address of New Registered Agent

CR2E034 (9/96)