FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000025372

1. Corporation Name

CYBERGRAPHICS, INC.

Principal Place of Business
8020 114th Ave N.
Suite 2
Largo, FL 34643

Mailing Address
8020 114th Ave N.
Suite 2
Largo, FL 34643

3. Date Incorporated or Qualified: 3/29/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3308458 — 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

9. Name and Address of Current Registered Agent

MICHAEL GERMINO
927 East Klosterman Road
Tarpon Springs, FL 34689

10. Name and Address of New Registered Agent

81 Name: Hutchinson, Lynn B
82 Street Address (P.O. Box Number is Not Acceptable): 8020 114th Ave N. Suite 2
83
84 City: Largo FL 85 Zip Code: 34643

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: Lynn B Hutchinson — Signature (typed or printed name of registered agent and title if applicable) — Lynn B Hutchinson, President — (If a Registered Agent is an organization, the signature must be for an officer or director of the Registered Agent) — DATE 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	DPVTS
NAME	Jill Mulry
STREET ADDRESS	10451 199th St. N
CITY-ST-ZIP	Seminole, FL 34648
	☒ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS
1.2 NAME	Hutchinson, Lynn B.
1.3 STREET ADDRESS	8020 114th Ave N. Suite 2
1.4 CITY-ST-ZIP	Largo, FL 34643
	☒ Change ☐ Addition
2.1 TITLE	DVT
2.2 NAME	Mulry, Jill
2.3 STREET ADDRESS	8020 114th Ave N. Suite 2
2.4 CITY-ST-ZIP	Largo, FL 34643
	☒ Change ☐ Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
	☐ Change ☐ Addition
4.1 TITLE	
4.2 NAME	700001869417
4.3 STREET ADDRESS	-06/20/96--01040--032
4.4 CITY-ST-ZIP	***200.00
	☐ Change ☐ Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
	☐ Change ☐ Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
	☐ Change ☐ Addition

5-96 JR

Bank deposit # No Money

CR2E034 (12/95)

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 119.07(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 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: Lynn B Hutchinson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Lynn B. Hutchinson, President — Date 4-29-96 — 813-545-0801 — Daytime Phone #