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 # P95000038233 (9)

1. Corporation Name

QB INK MASTERS, INC.

Principal Place of Business

17722 GREY EAGLE ROAD
TAMPA FL 33647

Mailing Address

17722 GREY EAGLE ROAD
TAMPA FL 33647

3. Date Incorporated or Qualified: **05/15/1995**

3a. Date of Last Report

FEI Number: **59-3329222**

☐ Applied For
☐ Not Applicable

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

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

MONE, MICHAEL C
111 8TH STREET
BELLEAIR BEACH FL 34634

10. Name and Address of New Registered Agent

81 Name: GAYLE L. SCHULTZ
82 Street Address (P.O. Box Number is Not Acceptable)
83 17722 GREY EAGLE ROAD
84 City: TAMPA, FL 85 Zip Code: 33647

11. Pursuant to the provisions of Section 607.0505 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. The 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: Gayle L. Schultz

OFFICERS AND DIRECTORS

12.

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTZ, GAYLE L 17722 GREY EAGLE ROAD TAMPA FL 33647	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEERS, RONALD 4336 DUNMORE AVE APT 14 TAMPA FL 33611	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, furnished voluntarily, and furnished solely 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: Gayle L. Schultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96
Date

813-247-2592
Daytime Phone #

CR2E034 (12/95)