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

P95000065961 (1)

DOCUMENT # 1. Corporation Name

DIGITAL GRAPHICS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

26

1325 - 59TH ST. S **GULFPORT FL 33707**

2. Principal Place of Business

1325 - 59TH ST. S **GULFPORT FL 33707**



5-10-96 813-347-3274

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

Date Incorporated or Qualified 08/24/1995

59-3333534

4. FEI Number

27					5. Certificate of Status Desired		Additional equired
City & State		Oity & State			6. Election Campaign Financing Trust Fund Contribution	·	May Be to Fees
23 Zip	Country	Z _I O	Countr	ν	8. This corporation has liability for intan		
24	25 29			•	Florida Statutes		
	g, Name and Address of Curre				10. Name and Address of New Regis	stered Agent	
			81	Name			
HENDERSON, LYNN M 1325 - 59TH ST. S				2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
				0,000,000			
GULFP	PORT FL 33707		83	3			
			84	4 City		FL 85 Zp	Code
or register familiar wit	red agent, or both, in the State of FIC th, and accept the obligations of, Se	zida. Such change was a ction 607.0505. Florida \$	iuthorized by the cor	poration's boar	ation submits this statement for the purpos d of directors. Thereby accept the appointr	e of changing its rement as registered a	gistered office agent. I an
	Signature, typed or profestinance of registered age		13.	Programme Contractor	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	OFFICERS AND DIRECTORS President			F		Change	Add tion
NAME			1.2 NAME	£			
STREET ADORESS	Lynn M. Henderson 1325 59th St. South		1.3 STHE	ET ADDRESS			
CITY-ST-ZIP	Gulfport, FL 300 33707		1.4 Cilly	-ST-7iP			
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NAME			2.2 NAM	£			
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CITY-ST-ZIP			2.4 CiTY	- ST - ZIP			
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NAME			3 2 NAM	£ +			
STREET ADDRESS			3.3 STRI	EFT ADDRESS			
CHY-ST-ZIP				- \$1 - Zi ²		Change	Addition
TITLE		DELF	L.			[Criange	☐ Addition
NAME			4.2 NAM				
STREET ADDRESS				ET ADORESS			
CITY - ST - ZIF		Flores		-ST-7IP		Change	Addition
TITLE		☐ DEU		1			
NAME			5 2 NAM				
STREET ADDRESS				EET ADORESS			
CITY-ST-ZIP		□ DELI		r-ST-ZiP		Change	Admittion
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NAME				EET ADDRESS	-05/30/960107	ſ~-U4Ü	/2/1
STREET ADDRESS				7-S1-7.P	***225,00		(94)
C-TY-ST-Z-P	har earth, that the intermeton carely	or with this flice is voluet	and of any placed poor of	con pot outsided	for the exemption stated in Section 119.07	(3)(k), Florida Statut	tes. I further
certify the		neux report or suppliethe moration of the receiver (mai annuai report is or trusted empowere		ate and that my signature shall have the sa is report as required by Chapter 607, Hono		

SIGNING OFFICER OR DIRECTOR