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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020935 (8)

RED BARN GRAPHICS, INC.

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1825 WEST FRENCH AVENUE POST OFFICE BOX 740789 **ORANGE CITY FL 32774** OANGE CITY FL 32774-0789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1996 FEI Number 2, Principal Place of Business 2a. Mailing Address Applied For 59-3404327 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zφ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 ☐ Yes No. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCCRAY, ROBERT B 1825 WEST FRENCH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **ORANGE CITY FL 32774** 83 City Zip Code 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** (NOT) Registered Agent signature required when reinstating) Signature, typed or pented name of registerio Lagend and lifte diapplicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE TITLE 1.1 TITLE Change Addition MCCRAY, ROBERT B NAME 1.2 NAME **1825 WEST FRENCH AVENUE** STREET ADDRESS 1.3 STREET ADDRESS ORANGE CITY FL CITY-ST-ZIF 1.4 CiTY-ST-ZIP DELETE Change Addition TITLE 21 TITLE MCCRAY, MONICA MARIE B NAME 2.2 NAME **1825 WEST FRENCH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS **ORANGE CITY FL** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THEF DEIHL, LAURINDA NAME 3.2 NAME 902 F SMITH STREET STREET ADDRESS 3.3 STREET ADDRESS ORANGE CITY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITL€ NAME **4.2 NAME** STREET ADDRESS 4.3 STREL1 ADDRESS CITY - ST- 7IP 4.4 CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify 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.

CICNIATURE.

M: In met

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