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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000027429 (5)

1. Corporation Name

DESIGRAPH MANUFACTURING & RESTORATION CORPORATIO
N



Principal Place of Business

1635 DALE MABRY HIGHWAY STE 14
LUTZ FL 33549

Mailing Address

1635 DALE MABRY HIGHWAY STE 14
LUTZ FL 33549-3032

3. Date Incorporated or Qualified
03/22/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 1635 DALE MABRY HWY

2a. Mailing Address

26 1635 DALE MABRY HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1

27 SUITE 1

City & State

City & State

23 LUTZ, FL

28 LUTZ FL

Zip

Country

Zip

Country

24 33549

29 33549

30

9. Name and Address of Current Registered Agent

NELSON, SHELLEY
1635 DALE MABRY HIGHWAY STE 14
LUTZ FL 33549

SHELLEY NELSON KETCHUM

SEE ATTACHED CERTIFICATE OF MARITALITY

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 Shelley Nelson Ketchum

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/19/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD KETCHUM
NAME NELSON, SHELLEY
STREET ADDRESS 1635 DALE MABRY HIGHWAY STE 14
CITY-ST-ZIP LUTZ FL 33549

DELETE

TITLE STD
NAME KETCHUM, JEFFREY W
STREET ADDRESS 1635 DALE MABRY HIGHWAY STE 14
CITY-ST-ZIP LUTZ FL 33549

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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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)(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:

Shelley Nelson Ketchum

4/19/97

813-948-8404

Date

Daytime Phone #

CR2E034 (9/96)