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

PROFIT CORPORATION ANNUAL REPORT

1997

STEEL LADURESS

City-St ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

(96/6)

**2E034** 

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000062001 (8)

SMITH GRAPHIC SERVICES, INC.

Principal Place of Business Mailing Address 11250 OLD ST. AUGUSTINE ROAD 11250 OLD ST. AUGUSTINE ROAD SUITE #15-338 SUITE #15-338 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257-1142 3. Date Incorporated or Qualified Sa. Date of Last Report 07/23/1996 7 ~23*~96* 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-339432 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SMITH, WAYNE A 11250 OLD ST. AUGUSTINE ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE #15-338 83 JACKSONVILLE FL 32257 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title diapplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1010 1.1 TITLE SMITH, WAYNE A 1.2 NAME 11250 OLD ST. AUGUSTINE ROAD #15-338 1.3 STREET ADDRESS STREET ADORESS JACKSONVILLE FL 32257 1.4 CITY-ST-ZIP CITY-ST-2F Change DELETE Addition 21 THE TITLE SMITH, BEVERLY A MAME 22 NAME 11250 OLD ST. AUGUSTINE ROAD #15-338 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CHY-ST-ZiP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 742 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST 7P 4.4 CHY-ST-ZIP DELETE Change Addition THE 51 TITLE 5.2 NAME NASTI 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CDY-S1 ZII DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME

SIGNATURE: Wayne A. SMITH, PRESIDENT 2.16.97 904-880-9850

14. I do it ereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

appears in Block 12 or Block 13 if changed, or on an attachment with an address

**6.3 STREET ADDRESS** 

64 CITY-ST-ZIP

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