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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000095273 (4)

MASSEY/SHANE POLYGRAPH SERVICE, INC.

Principal Place of Business Mailing Address 104 SEAGRAPE DRIVE 104 SEAGRAPE DRIVE JACKSONVILLE FL 32250 JACKSONVILLE FL 32250-2530 3. Date Incorporated or Qualified 3a. Date of Last Report 11/20/1996 FIRST 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees This corporation has liability for intangible tay under Eurida Statutes Yes You Country Ζip Country $Z_{\rm ID}$ 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name PATTERSON, LAWRENCE R 3010 SOUTH THIRD STREET Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE BEACH FL 32250 83 City 85 Zip Code FI 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature types or proceed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition 1.1 TITLE 1111 MASSEY, HUGH M NAME 1.2 NAME 104 SEAGRAPE DRIVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 1.4 CITY - ST- ZIP CITY-ST ZIE Addition DELETE 2.1 TITLE Change TILE 22 NAME NAMI 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - \$1 - 209 DELETE Change Addition 3.1 TITLE 11b. 6 N.M. 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$T-ZIP City St- ZiP DELETE Change Addition 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ATIORIESS 4.4 CITY-ST-ZIP CITY - \$1 - 70P DELETE Change Addition Tille 5.1 TITLE

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 equirate 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 repositiver or trustee employeed to precute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 City-St-Zip

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

THUE

NAME

STREET ADDRESS

STREET ADDRESS

City-51-70

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIBLE OR

DELETE

904-247-5711

Change

FILED

Apr 25 1997 8:00am

Secretary of State

0010050

Addition