

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90151 042 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000093606

1. Corporation Name

MASTER GRAPHIX INDUSTRIES, INC.



| | |
|-------------------------------------|--|
| Principal Place of Business | Mailing Address |
| 2913 DUNN AVE JAX FL 32213 US | 2913 DUNN AVE JACKSONVILLE FL 32218 US |

DO NOT WRITE IN THIS SPACE

| | |
|-------------------------------------|-------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 7988 Plummer Road | 26 7988 Plummer Road |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State Jacksonville, FL | 28 City & State Jacksonville, FL |
| 24 Zip 32219 | 29 Zip 32219 |
| 25 Country US | 30 Country US |

| | | |
|---|---------------|--|
| 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 10/30/1997 | 59-3480628 | Not Applicable |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

BASFORD, MICHAEL
24 N. MARKET STREET
SUITE 404
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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: Deborah M. Holman
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLMAN, DEBORAH | 1.2 NAME | |
| STREET ADDRESS | 3427 ARMSTRONG STREET | 1.3 STREET ADDRESS | 7988 Plummer Road |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | 1.4 CITY-ST-ZIP | JACKSONVILLE, FL 32219 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLMAN, RODNEY | 2.2 NAME | |
| STREET ADDRESS | 3427 ARMSTRONG STREET | 2.3 STREET ADDRESS | 7988 Plummer Road |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32219 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, DAVID L | 3.2 NAME | |
| STREET ADDRESS | 5211 CRUZ ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE: Deborah M. Holman DEBORAH M HOLMAN

Date

4/26/99

Daytime Phone #

904-766-1017

CR2E034 (1/98)