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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S26427** **(2)**

1. Corporation Name
LABEL SYSTEMS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
836 MAMIE ROAD JACKSONVILLE FL 32205	836 MAMIE ROAD JACKSONVILLE FL 32205-4742

3. Date Incorporated or Qualified: 01/22/1991
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 155 INTERNATIONAL GOLF PKWY
Suite, Apt. #, etc. 22
City & State 23 ST. AUGUSTINE, FL
Zip 24 32095 Country 25 ~~ST. JOHNS~~ USA

2a. Mailing Address
26 155 INTERNATIONAL GOLF PKWY
Suite, Apt. #, etc. 27
City & State 28 ST. AUGUSTINE, FL
Zip 29 32095 Country 30 ~~FL~~ USA

4. FEI Number: 59-3043572 ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
GRANT, WILLIAM H III
859 PARK AVENUE
SUITE 104
ORANGE PARK FL 32073

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 (Signature, type or print 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COPELAND, DONALD J.		1.2 NAME		
STREET ADDRESS	8090 AIA SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRESCENT BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	BARNARD, JOHN		2.2 NAME	BARNARD, JOHN	
STREET ADDRESS	2502 SOUTH OCEAN DRIVE		2.3 STREET ADDRESS	2887 S. PONTE VEDRA BLVD	
CITY-ST-ZIP	JACKSONVILLE BCH FL		2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HILLHOUSE, TERRY		3.2 NAME		
STREET ADDRESS	2922 AMELLIA DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: M. Terry Hillhouse M. TERRY HILLHOUSE 4-15-97 904-810-6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030510