FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S39835 (1)

1. Corporation Name
ACTION DESIGN - SCREENPRINTING & MONOGRAMMING, I NC.

Principal Place of Business	Mailing Address
7990 GULF TO LAKE HWY CRYSTAL RIVER FL 34429 US	7990 GULF TO LAKE HWY CRYSTAL RIVER FL 34429 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1991
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 999 E. Hwy 44
22: Suite, Apt. #, etc.
23: City & State: Crystal River, FL
24: Zip: 34429
25: Country: Citrus

2a. Mailing Address
26: 999 E. Hwy 44
27: Suite, Apt. #, etc.
28: City & State: Crystal River, FL
29: Zip: 34429
30: Country: Citrus

4. FEI Number: 59-3059510 ☐ 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

SKIDMORE SR, LARRY J.
7990 GULF TO LAKE HWY
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 999 E. Hwy 44
83
84 City: FL 85 Zip Code: 34429

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SKIDMORE, LARRY J SR	1.2 NAME	
STREET ADDRESS	715 NE 13TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	SKIDMORE, BETTY J	2.2 NAME	
STREET ADDRESS	715 NE 13TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	SKIDMORE, BETTY J.	3.2 NAME	
STREET ADDRESS	715 NE 13TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Betty J. Skidmore 4-26-95 904 795-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0361000 CP