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 FEB 28 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15571 (5)

1. Corporation Name
HMS GRAPHIC SERVICES, INC.

Principal Place of Business	Mailing Address
231 A. DOUGLAS RD. EAST OLDSMAR FL 34677 US	231 A. DOUGLAS RD. EAST OLDSMAR FL 34677 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/20/1992
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business	2a. Mailing Address
21 101-F Dunbar Ave	26 101-F Dunbar Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Oldsmar FL	28 City & State: Oldsmar FL
24 Zip: 34677 25 Country: USA	29 Zip: 34677 30 Country: USA

4. FEI Number: 59-3109414 ☐ 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

MEDINA, LEAT G
231 DOUGLAS RD E
STE 5
OLDSMAR FL 39677

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 101-F Dunbar Ave
03
04 City: Oldsmar FL 05 Zip Code: 34677

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	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	MEDINA, DAVID	1.2 NAME	Medina, David
STREET ADDRESS	1307 FOREST EDGE BLVD.	1.3 STREET ADDRESS	186 East Canal Dr
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	Palm Harbor FL 34684
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	MEDINA, LETA	2.2 NAME	Medina, Leta
STREET ADDRESS	1307 FOREST EDGE BLVD.	2.3 STREET ADDRESS	186 East Canal Dr
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	Palm Harbor FL 34684
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	SCHWEITZER, BETH	3.2 NAME	Hillman, Beth
STREET ADDRESS	1311 FOREST EDGE BLVD.	3.3 STREET ADDRESS	3481 Rolling Trail
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	Palm Harbor FL 34684
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: Leta G. Medina V.P. Leta G. Medina 813 854-4060
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0346743 CP