

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V52143** (7)

1. Corporation Name
SYNERGY ADVERTISING & DESIGN, INC.



Principal Place of Business 2636 MITCHAM DR STE C TALLAHASSEE FL 32308 US	Mailing Address 2636 MITCHAM DR SUITE # C TALLAHASSEE FL 32308-5426 US
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3. Date Incorporated or Qualified 07/21/1992	3a. Date of Last Report 04/11/1996
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2. Principal Place of Business 21 2042 Capital Circle NE Suite, Apt. #, etc. 22 Suite A City & State 23 Tallahassee, FL Zip 24 32308	2a. Mailing Address 26 2042 Capital Circle NE Suite, Apt. #, etc. 27 Suite A City & State 28 Tallahassee, FL Zip 29 32308
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4. FEI Number 59-3133136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WEATHINGTON, MARY F
512 SOUTH RIDE
TALLAHASSEE FL 32303**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHINGTON, MARY F	1.2 NAME	
STREET ADDRESS	512 SOUTH RIDE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCASTRO, JOHN	2.2 NAME	
STREET ADDRESS	2000-332 N. MERIDIAN RD.	2.3 STREET ADDRESS	1767 Hermitage Blvd. #12208
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHINGTON, CARL	3.2 NAME	
STREET ADDRESS	512 SOUTH RIDE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCASTRO, DIANE	4.2 NAME	
STREET ADDRESS	2000-332 N MERIDIAN RD	4.3 STREET ADDRESS	1767 Hermitage Blvd. #12208
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32308
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 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: **Mary Frances Weathington** **4/21/97** (904) 386-7700
DATE DAYTIME PHONE

CR2E034 (9/96)