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

PROFIT CORPORATION ANNUAL REPORT

--1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION: OF: CORPORATIONS

DOCUMENT # 1. Corporation Name V65725

Country

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

23

24

Zip

GRAPHIC ADVENTURES, INC.

Principal Place of Business	Mailing Address
335 N MONROE ST	9917 BUCK POINT RD
Tallamassee fl 32301	TALLAHASSEE FL 32312-5106
US	US

26

27

28

29

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90006 047 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

09/22/1992 4. FEI Number

59-3143831

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
	and the same and t	- 81	*Name					
GOLDBERG, STUART E			Ctro -	Street Address (P.O. Box Number is Not Acceptable)				
2120 KILLARNEY WAY			Street	Street Address (P.O. Box Nothber is Not Acceptable)				
TALLAHASSEE FL 32317			-	NI N		3, 3		
					<u> </u>	1 (0)		
	,	84	City	FL 85	Zip Cod	de]		
	COT OFFICE ALCOHOLOGY Change Changes the		o name	· · · · · · · · · · · · · · · · · · ·	aina its re	aistered		
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 ar	m familiar with, and accept the obligations of, Section 607.0505, Florida St	atutes	i.	•				
SIGNATURE				a required when reinstation) DATE				
	Organizatio, typod of principal		nt signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	S IN 12		
12.	OTT TO ETT OF THE OTT OTT OTT OTT OTT OTT OTT OTT OTT OT	TITLE		the state of the s		Addition		
TITLE					-	_		
NAME	TATOLIT, OFFICIA	1.2 NAME						
STREET ADDRESS	3311 BOOK TONK ID	1.3 STREET		S				
CITY-ST-ZIP	17.50.10.10.00	1.4 CITY- ST-ZIP			Change	☐ Addition		
TITLE	V	TITLE			Ullarige	L Addition		
NAME	HANSEN, GREGORY 22	2.2 NAME						
STREET ADDRESS	9917 BUCK POINT RD 23	STREE	TADDRES	s				
CITY-ST-ZIP	TALLAHASSEE FL 2	2. 4 CITY-ST-ZIF						
TITLÉ .	☐ DELETE 3.1	TITLE			Change _,	Addition		
NAME	3.2	NAME						
STREET ADDRESS	3.3	STREE	TADDRES	s				
CITY-ST-ZIP	3.4	CITY-S	ST-ZIP					
TITLE	☐ DELETE 4.1	4.1 TITLE			Change	Addition		
NAME	4.	2 NAME						
STREET ADDRESS	4.3	STREE	TADDRES	s				
CITY-ST-ZIP	4.4	CITY-S	ST-ZIP					
TITLE	DELETE 5.	TITLE			Change.	☐ Addition		
NAME	52	NAME		W 4		,		
STREET ADDRESS	5.2	STREE	TADDRES	s	÷			
	5.4	CITY-S	ST-ZIP					
CITY-ST-ZIP TITLE	DELETE 6.	6.1 TITLE			Change	Addition		
NAME	6.	6.2 NAME			. ′			
	6.3	6.3 STREET A		ss				
STREET ADDRESS	6.0	6.4 CITY-ST-ZIP						
CITY-ST-ZIP	the state of the s	vomp	tion stat	ted in Section 119.07(3)(i), Florida Statutes. I further certify the	hat the info	ormation		
	certify that the information supplied with this limit does not duality to the e on this annual report or supplied annual report is true and accurate a director of the corporation of the receiver or trustee empowered to execute							
officer or	director of the corporation of the receiver or trustee empowered to execute or Block 13 if changed, or an an attachment with an address, with all other	tuus i	report a:	s required by Chapter out, a longa otatales, and that my har				

Country

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