FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JAN 24 PM 2:30
SECRETARY OF STATE
- TALLAHASSEE, FLORIDA

DOCUMENT # 747597 (3)

1. Corporation Name
FLORIDA PROFESSIONAL PHOTOGRAPHERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2312 FARWELL DR TAMPA FL 33603	2312 FARWELL DR TAMPA FL 33603

3. Date Incorporated or Qualified: 06/12/1979
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-1172038 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAYLOR, THERESA A.
2312 FARWELL DRIVE
TAMPA FL 33603

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 _____ 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	XX Director	1.1 TITLE	☐ Change ☒ Addition
NAME	PERKINS, JERRY	1.2 NAME	Vice President
STREET ADDRESS	704 N. MASSACHUSETTS AVE.	1.3 STREET ADDRESS	John Jernigan
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	1820 E. Silver Springs Blvd.
TITLE	President	2.1 TITLE	Ocala, FL 34471 ☐ Change ☐ Addition
NAME	SNOW, BILL	2.2 NAME	
STREET ADDRESS	498 LAKEWOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	XSX	3.1 TITLE	☐ Change ☐ Addition
NAME	XOLSON, JULIE XXX	3.2 NAME	000001392530
STREET ADDRESS	X130 MICHAELS CIR XX	3.3 STREET ADDRESS	-01/30/95--01037--007
CITY-ST-ZIP	XOLDSMAR FLXX	3.4 CITY-ST-ZIP	****130.00 ****130.00
TITLE	XD VP	4.1 TITLE	☐ Change ☐ Addition
NAME	STORMES, TERRY L.	4.2 NAME	
STREET ADDRESS	1701 DREW ST., #8	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SOLES, NANCY	5.2 NAME	
STREET ADDRESS	3670 WEBBER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ABRISCH, JIM A.	6.2 NAME	
STREET ADDRESS	630 KINGSLEY AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addresn.

SIGNATURE: _____ 1/16/95 813-872-0532
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083419