

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **747597** (3)

1. Corporation Name
FLORIDA PROFESSIONAL PHOTOGRAPHERS, INC.



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

3. Date Incorporated or Qualified: **06/12/1979**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-1172038**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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: D	NAME: PERKINS, JERRY STREET ADDRESS: 704 N. MASSACHUSETTS AVE. CITY-ST-ZIP: LAKELAND FL	1.1 TITLE: Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P	NAME: SNOW, BILL STREET ADDRESS: 498 LAKEWOOD DR. CITY-ST-ZIP: BRANDON FL	2.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V	NAME: JERNIGAN, JOHN STREET ADDRESS: 1820 E. SILVER SPRINGS BLVD. CITY-ST-ZIP: OCALA FL	3.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: STORMES, TERRY L. STREET ADDRESS: 1701 DREW ST., #8 CITY-ST-ZIP: CLEARWATER FL	4.1 TITLE: Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: SOLES, NANCY STREET ADDRESS: 3679 WEBBER ST. CITY-ST-ZIP: SARASOTA FL	5.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	NAME: ABRISCH, JIM A. STREET ADDRESS: 630 KINGSLEY AVE. CITY-ST-ZIP: ORANGE PARK FL	6.1 TITLE: Secretary Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 address.

SIGNATURE: [Signature] DATE: **3/6/94**

CR2E037 (12/95)

3-12-94