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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
2312 FARWELL DR TAMPA FL 33603	2312 FARWELL DR TAMPA FL 33603-2722

3. Date Incorporated or Qualified: **06/12/1979**
3a. Date of Last Report: **03/12/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-1172038** ☐ 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

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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, RICHARD A		1.2 NAME		
STREET ADDRESS	1410 MARKET ST #B		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP		
TITLE	X ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAMBERGER, MARYBETH J		2.2 NAME		
STREET ADDRESS	338 SE 2ND ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		2.4 CITY-ST-ZIP		
TITLE	X D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JERNIGAN, JOHN		3.2 NAME		
STREET ADDRESS	1820 E. SILVER SPRINGS BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	X P	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NEWSOME, KEVIN E		5.2 NAME		
STREET ADDRESS	11119 N. DALE MABRY		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		5.4 CITY-ST-ZIP		
TITLE	X V	☐ DELETE	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		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ REQUIRED 2/9/97 813-872-0532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047096