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PROFIT **CORPORATION** ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 834115

FILED Mar 19 1998 8:00am Secretary of State

(8)PHOTO CHEMICAL SYSTEMS, INC. Principal Place of Business Mailing Address 105 FOREST DR. KNIGHTDALE NC 27545 105 FOREST DR. KNIGHTDALE NC 27545 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1975 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 58-1173463 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Ζip Country Country This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 SLAWTER, RICHARD E. JR. Name 1004 BEAVER DR. 82 Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 83 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 Signature, typed or printed cause of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstating DATE (10/97) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition 1.1 TITLE Change TITLE DYKES, JEFFREY W. NAME 1.2 NAME 105 FOREST DRIVE STREET ADDRESS 1.3 STREET ADDRESS KNIGHTDALE NO CITY-ST-2IP 1.4 CITY-ST-ZIP DELETE Vice- President Addition 21 TITLE TITLE CURRIE, LANA 2.2 NAME NAME 105 FOREST DIRVE STREET ADDRESS 2.3 STREET ADDRESS KNIGHTDALE NO 2. 4 City-ST-ZIP CITY-ST-ZIP Vice-President Addition DELETE Change TITLE 3.1 TITLE AVERETTE, PRESTON NAME 3.2 NAME 105 FOREST DRIVE STREET ADDRESS 3.3 STREET ADDRESS KNIGHTDALE NO CITY-ST-ZIP 34 CITY-ST-ZIP DELETE ☐ Addition 4.1 TITLE ☐ Change TITLE DYKES, BONITA NAME 4 2 NAME 105 FOREST DR. 4.3 STREET ADDRESS STREET ADDRESS KNIGHTDALE NO 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE Richard L. NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-ZIP DELFTE Change __ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(919)266-4464(x-107)