

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

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Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90010 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 834115

1. Corporation Name

PHOTO CHEMICAL SYSTEMS, INC.

Principal Place of Business

105 FOREST DR.
KNIGHTDALE NC 27545

Mailing Address

105 FOREST DR.
KNIGHTDALE NC 27545

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1975

4. FEI Number

58-1173463

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SLAWTER, RICHARD E. JR.
1004 BEAVER DR.
TARPON SPRINGS FL 34689

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	DYKES, JEFFREY W.	
STREET ADDRESS	105 FOREST DRIVE	
CITY-ST-ZIP	KNIGHTDALE NC	
TITLE	VP	☐ DELETE
NAME	CURRIE, LANA	
STREET ADDRESS	105 FOREST DRIVE	
CITY-ST-ZIP	KNIGHTDALE NC	
TITLE	T	☐ DELETE
NAME	AVERETTE, PRESTON	
STREET ADDRESS	105 FOREST DRIVE	
CITY-ST-ZIP	KNIGHTDALE NC	
TITLE	T	☐ DELETE
NAME	SLAGLE, RICHARD L	
STREET ADDRESS	105 FOREST DR	
CITY-ST-ZIP	KINGHTDALE NC 27545	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☒ Addition
5.2 NAME	S Dykes, Bonita	
5.3 STREET ADDRESS	105 Forest Dr	
5.4 CITY-ST-ZIP	Knightdale, NC 27545	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard L. Slagle Richard L. Slagle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

(919) 266-4463

Daytime Phone #

CR2E034 (11/98)