

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PH 4:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L87046 (3)

1. Corporation Name
PHOTOGRAPHIX & IMAGING, INC.

Principal Place of Business
**6900 DANIELS PKWY #15
FT MYERS FL 33912**

Mailing Address
**6900 DANIELS PKWY #15
FT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/12/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0209161** 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent
**SANDFORD, JOHN L., SR.
18070 SAN CARLOS BLVD.
FT MYERS BEACH FL**

10. Name and Address of New Registered Agent

81. Name **Anne M. Sandford**

82. Street Address (P.O. Box Number is Not Acceptable) **13009 Tall Pine Circle**

83. City **Fort Myers** **FL** 85. Zip Code **33907**

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 **Anne M. Sandford** Secretary-Treasurer *Anne M. Sandford* 4/15/95
DATE

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **SANDFORD, JOHN L., SR**

STREET ADDRESS **18070 SAN CARLOS BLVD**

CITY - ST - ZIP **FT MYERS BCH FL**

TITLE **D**

NAME **SANDFORD, ANNE M.**

STREET ADDRESS **13009 TALL PINE CT.**

CITY - ST - ZIP **FT. MYERS FL**

TITLE **D**

NAME **SANDFORD, JOHN L., JR**

STREET ADDRESS **18070 SAN CARLOS BLVD**

CITY - ST - ZIP **FT MYERS BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President-Director** Change Addition

1.2 NAME **John L. Sandford, Sr.**

1.3 STREET ADDRESS **300 Wagner Place, #308**

1.4 CITY - ST - ZIP **Memphis, TN 38103**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE **Vice President-Director** Change Addition

3.2 NAME **John L. Sandford, Jr.**

3.3 STREET ADDRESS **3419 Winkler Avenue Extended, Apt. 521**

3.4 CITY - ST - ZIP **Fort Myers, FL 33916**

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

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Anne M. Sandford** *Anne M. Sandford* 4/15/95 813/768-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #