

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **07/12/1990** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business
21 **12451 Metro Parkway, #101**

2a. Mailing Address
26 **Same**

4. FEI Number **65-0209161** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State
23 **Fort Myers, FL**

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33912**

25 Country **Lee**

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDFORD, ANNE M
13009 TALL PINE CIRCLE
FT. MYERS FL 33907**

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 for printed copy of this report (Block 12)

Date Registered Agent signed report (Block 13)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDFORD, JOHN L., SR	2. NAME	John L. Sandford, Sr.
STREET ADDRESS	300 WAGNER PLACE, #308	3. STREET ADDRESS	355-3 Riverbluff Place
CITY-ST-ZIP	MEMPHIS TN	4. CITY-ST-ZIP	Memphis, TN 38103
TITLE	D	5. TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDFORD, ANNE M.	6. NAME	Anne M. Sandford
STREET ADDRESS	1300R TALL PINE CT.	7. STREET ADDRESS	13009 Tall Pine Circle
CITY-ST-ZIP	FT. MYERS FL	8. CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	VPD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDFORD, JOHN L., JR	10. NAME	
STREET ADDRESS	3419 WINKLER AVENUE EXTENDED, APT. 521	11. STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne M. Sandford 4/21/96

941-768-2300

Daytime Phone #

CR2E034 (12/95)