


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L87046 (3)**  
 1. Corporation Name  
**PHOTOGRAPHIX & IMAGING, INC.**

97 SEP 18 PM 12: 10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


Principal Place of Business  
**12451 METRO PARKWAY #101 FT MYERS FL 33912 US**

Mailing Address  
~~6900 DANIELS PKWY #15~~  
**12451 Metro Parkway**  
**FT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/12/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0209161</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
<b>12451 Metro Parkway</b>	<b>12451 Metro Parkway</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
	<b>Fort Myers FL</b>
24. Zip	29. Zip
	<b>33912</b>
25. Country	30. Country
	<b>USA</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDFORD, JOHN L., SR</b>	
STREET ADDRESS	<b>355-3 RIVERBLUFF PLACE</b>	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDFORD, ANNE M.</b>	
STREET ADDRESS	<b>13009 TALL PINE CIRCLE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDFORD, JOHN L., JR</b>	
STREET ADDRESS	<b>3419 WINKLER AVENUE EXTENDED, APT. 521</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Sandford, John L., Sr</b>	
1.3 STREET ADDRESS	<b>1800 San Carlos Blvd.</b>	
1.4 CITY-ST-ZIP	<b>Fort Myers, FL 33931</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Sandford, John L., Jr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>4812 Blue Fish Court</b>	
3.3 STREET ADDRESS	<b>Fort Myers, FL 33919</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**000002300860--0**  
**-09/23/97--01047--001**  
**\*\*\*165.00 \*\*\*165.00**

**JB**  
**9-19-97**

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

SIGNATURE: \_\_\_\_\_

CR2E034 (4/97)

**PhotoGraphix  
& Imaging, Inc.**

6900 Daniels Parkway #15  
In Daniels Crossing Blvd  
Fort Myers, Florida 33912  
Fax (813) 768-5200  
Telephone (813) 768-2300

**PHOTOGRAPHIX & IMAGING, INC.  
12461 METRO PARKWAY  
FORT MYERS, FL 33912**



2

Today is Monday  
September 15, 1997

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: 1997 Corporation Annual Report

Gentlemen:

Enclosed is the completed form for the 1997 Profit Corporation Annual Report, with a check for \$165.00.

Our firm did not receive the original mailing of the Corporation Annual Report and did not realize that we had missed the filing date until the Second Notice arrived. Please note the old mailing address that is listed on the form. Our company moved in November, 1995, but obviously the mailing address was not changed on our records with the Department of State.

We ask that we be allowed to pay the fee of \$165.00 rather than the larger fee since we did not receive the original mailing.

Thank you for your attention.

Very truly yours,

PHOTOGRAPHIX & IMAGING, INC.

*Anne M. Sandford*  
Anne M. Sandford  
President