FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 AM 10: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002033

1. Corporation Name

PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLOR IDA, INC.

Principal Place of Business	Mailing Address
% JOHN PETERS 2201 NE 16TH TER GAINESVILLE FL 32609	% JOHN PETERS 2201 NE 16TH TER GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/27/1994 | 3a. Date of Last Report:

4. FEI Number: 59-3249355 | ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PETERS, JOHN
2201 NE 16TH TER
GAINESVILLE FL 32609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ Change ☐ Addition	
NAME	JERNIGAN, JOHN	1.1 TITLE	P - President
STREET ADDRESS	1620 E SILVER SPRINGS BLVD	1.2 NAME	Kief, Kirk
CITY-ST-ZIP	OCALA FL 32671	1.3 STREET ADDRESS	Route 3, Box 211
		1.4 CITY-ST-ZIP	Interlachen, FL 32148
TITLE	D	☐ Change ☐ Addition	
NAME	KIEF, KIRK	2.1 TITLE	VP - First Vice President
STREET ADDRESS	BOX 211 N/A	2.2 NAME	Renaud, Pat
CITY-ST-ZIP	INTERLACHEN FL 32148	2.3 STREET ADDRESS	Highway 341, Route 3, Box 2070
		2.4 CITY-ST-ZIP	Chiefland, FL 32626
TITLE	D	☐ Change ☐ Addition	
NAME	RENAUD, PAT	3.1 TITLE	VP - Second Vice President
STREET ADDRESS	HWY 341 RT 3 BOX 2070	3.2 NAME	Reilly, Maryann
CITY-ST-ZIP	CHIEFLND FL 32626	3.3 STREET ADDRESS	Route 7, Box 353
		3.4 CITY-ST-ZIP	Live Oak, FL 32060
TITLE	D	☐ Change ☐ Addition	
NAME	REILLY, MARYANN	4.1 TITLE	S - Secretary
STREET ADDRESS	RT 7 BOX 353	4.2 NAME	Loconto, Sally J.
CITY-ST-ZIP	LIVE OAK FL 32060	4.3 STREET ADDRESS	1809 N.W. 143 Street
		4.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	D	☐ Change ☐ Addition	
NAME	PETERS, JOHN	5.1 TITLE	T - Treasurer
STREET ADDRESS	2201 NE 16TH TER	5.2 NAME	Peters, John R.
CITY-ST-ZIP	GAINESVILLE FL 32609	5.3 STREET ADDRESS	2201 N.E. 16 Terrace
		5.4 CITY-ST-ZIP	Gainesville, FL 32609
TITLE		☐ Change ☐ Addition	
NAME		6.1 TITLE	D - Membership Chairperson
STREET ADDRESS		6.2 NAME	Sabback, Fred
CITY-ST-ZIP		6.3 STREET ADDRESS	P.O. Box 112
		6.4 CITY-ST-ZIP	Cross City, FL 32628

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)(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 added by attachment with an address.

SIGNATURE: John R. Peters John R. Peters, Treasurer 4/11/95 332-3318 X3098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000004 CP