

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

***NON-PROFIT CORPORATION ANNUAL REPORT 1996**



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # [REDACTED] **(3)**

1. Corporation Name
PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, INC.

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

Mailing Address
% JOHN PETERS
2201 NE 16TH TER
GAINESVILLE FL 32609

3. Date Incorporated or Qualified 05/27/1994
3a. Date of Last Report 04/14/1995
4. FEI Number 59-3249355
5. Certificate of Status Desired \$8.75 Additional Fees 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
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
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 re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KIEF, KIRK	
STREET ADDRESS	RT. 3, BOX 211	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RENAUD, PAT	
STREET ADDRESS	HIGHWAY 341, ROUTE 3, BOX 2070	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	REILLY, MARYANN	
STREET ADDRESS	ROUTE 7, BOX 353	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	SEC	<input checked="" type="checkbox"/> DELETE
NAME	LOCONTO, SALLY J	
STREET ADDRESS	1809 N.W. 143 STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PETERS, JOHN R.	
STREET ADDRESS	2201 NE 16TH TER	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SABBACK, FRED	
STREET ADDRESS	P.O BOX 112	
CITY-ST-ZIP	CROSS CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RENAUD, PAT	
1.3 STREET ADDRESS	HIGHWAY 341 ROUTE 3 BOX 2070	
1.4 CITY-ST-ZIP	CHIEFLAND, FL 32626	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SABBACK, FRED	
2.3 STREET ADDRESS	P.O. BOX 112 N/A	
2.4 CITY-ST-ZIP	CROSS CITY, FL 32628	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REILLY, MARY ANN	
3.3 STREET ADDRESS	ROUTE 7 BOX 353	
3.4 CITY-ST-ZIP	LIVE OAK, FL 32060	
4.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FLEMING, SUSIE	
4.3 STREET ADDRESS	RT 1, BOX 1071	
4.4 CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PETERS, JOHN R	
5.3 STREET ADDRESS	2201 NE 16TH TER	
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32609	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KIEF, KIRK	
6.3 STREET ADDRESS	RT. 3, BOX 211	
6.4 CITY-ST-ZIP	INTERLACHEN, FL. 32148	

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 as an attachment with an address.

SIGNATURE: [Signature] **TREASURER** **10 Apr 96 904-372-3942**
Date Daytime Phone #

CR2E034 (12/95)

