

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Weiman  
Secretary of State  
1995

APPROVED  
AND  
FILED

MAY -1 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V09146** (4)  
GULF COAST PHOTOGRAPHIC SERVICES, INC.

Principal Office of the Corporation: 5358 SPRING HILL DR, SPRING HILL FL 34606  
Mailing Address: 5358 SPRING HILL DR, SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized		3a. Date of last report	
01/23/1992		05/01/1994	
4. FFI Number		Applied for	
59-3101916		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Federal Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		<input type="checkbox"/>	
7. The corporation has liability for estate tax under S. 2032		Florida Statutes	
<input type="checkbox"/>		<input checked="" type="checkbox"/> No	

2. Principal Office of Registered Agent				2a. Mailing Address			
21. 6220 Commercial Way				26. 6220 Commercial Way			
22. State App. # of				27. State App. # of			
23. Spring Hill				28. Brooksville			
24. 34613				30. FERNANDO			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHARNOCK, WILLIAM T. III 5358 SPRING HILL DR SPRING HILL FL 34606				B1 Name			
				B2 Street Address (If C. Box Number is Not Applicable)			
				13135-D Spring Hill Dr			
				B3 City			
				Spring Hill			
				B4 State			
				FL			
				B5 Zip Code			
				34607			

11. I, the undersigned, being a resident of this State, and being the duly authorized officer of the above named corporation, submit this statement for the purpose of changing its registered office to the address stated above. This change was authorized by the corporation, as evidenced by the signature of the officer of the corporation, as shown on the attached certificate of incorporation. I hereby accept the appointment as registered agent of this corporation.

12. ADDITIONAL REGISTERED OFFICES		13. ADDITIONAL REGISTERED AGENTS (SEE INSTRUCTIONS)	
14. Name	15. Address	16. Name	17. Address
DPS STEIN, MITCHELL 6220 COMMERCIAL WAY BROOKSVILLE FL			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is not required by the existing laws of this State. I am a resident of this State, and I am the duly authorized officer of the corporation. I am not a partner, officer, or director of the corporation. I am not a partner, officer, or director of the corporation. I am not a partner, officer, or director of the corporation.

SIGNATURE: **W-1-95** **804-5970015**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR