

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 259429

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: FLORIDA MICROFILM CORPORATION

**Current Principal Place of Business:**

696 N. FERDON BLVD.  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. DRAWER 340  
DOTHAN, AL 36302

**New Mailing Address:**

FEI Number: 59-1008370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OGLESBY, PETER  
696 N FERDON BLVD  
CRESTVIEW, FL 32536 US

**Name and Address of New Registered Agent:**

MURPHY, GAIL C  
696 N FERDON BLVD  
CRESTVIEW, FL 32536 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GAIL C. MURPHY

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CATRETT, FOX,  
Address: BEVERLYE ROAD  
City-St-Zip: DOTHAN, AL 36301

Title: VP ( ) Delete  
Name: CATRETT, NELDA,  
Address: BEVERLYE ROAD  
City-St-Zip: DOTHAN, AL

Title: ST (X) Delete  
Name: MURPHY, GAIL  
Address: 874 OPPERT RD  
City-St-Zip: DOTHAN, AL 36301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CATRETT, NELDA  
Address: BEVERLYE ROAD  
City-St-Zip: DOTHAN, AL 36301

Title: VP (X) Change ( ) Addition  
Name: MURPHY, GAIL C  
Address: 874 OPPERT RD  
City-St-Zip: DOTHAN, AL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL C. MURPHY

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date