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
FILED

DO NOT WRITE IN THIS SPACE

DOCUMENT # 461335 (2)

1. Corporation Name
LANDHANDLERS OF CENTRAL FLORIDA, INC.

Principal Place of Business
490 N HARBOR CITY BLVD
MELBOURNE FL 32935-6858

Mailing Address
490 N HARBOR CITY BLVD
MELBOURNE FL 32935-6858

3. Date Incorporated or Qualified: 09/18/1974
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1554611 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
UNDERILL, H.J. III
490 N HARBOR CITY BLVD.
MELBOURNE FL 32935-6858

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	UNDERILL, H. J. III
STREET ADDRESS	490 N HARBOR CITY BLVD
CITY-ST-ZIP	MELBOURNE FL 32935-6858
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

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(1)(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 on an attachment with an address.

SIGNATURE: H. J.Underill III 4/25/95 407/242-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000030 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
FILED

DOCUMENT # 467231 (7)

1. Current Name
PIGOTT'S CASH AND CARRY, INC.

Principal Place of Business	Mailing Address
ROUTE 1 BOX 3651 CRAFORDVILLE FLORIDA 32327	ROUTE 1 BOX 3651 CRAFORDVILLE FLORIDA 32327

(Do Not Write In This Space)

3. Date Incorporated or Qualified: 01/07/1975
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1551825	☐ Applied For ☐ Not Applicable
21 2820 Coastal Hwy	26 2820 Coastal Hwy.		
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Crawfordville, Fl	City & State 28 Crawfordville, Fl	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 32327 County 25 Wakulla	Zip 29 32327 County 30 Wakulla	8. Is this corporation operating in Florida for the purpose of profit? ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PIGOTT, STEPHEN E.
ROUTE 1 BOX 3651
CRAWFORDVILLE FLORIDA 32327

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2820 Coastal Hwy
83
84 City: Crawfordville FL 85 Zip Code: 32327

11. Pursuant to the provisions of Section 607.0502, 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. The 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 duties of registered agent under Florida Statutes.

SIGNATURE(S)

12. OFFICER AND DIRECTOR(S)	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11
P PIGOTT, STEPHEN E. ROUTE 1 BOX 3651 CRAWFORDVILLE FL	☒ Change ☐ Addition 2820 Coastal Hwy Crawfordville, Fl 32327
VD PIGOTT, MILDRED B. ROUTE 1 BOX 3651 CRAWFORDVILLE FL	☒ Change ☐ Addition 2820 Coastal Hwy Crawfordville, Fl 32327
ST PIGOTT, MARGIE E ROUTE 1 BOX 3651 CRAWFORDVILLE FL	☐ Change ☐ Addition 2820 Coastal Hwy Crawfordville, Fl 32327
ST STALVEY, LINDA P.(ASSIST 2306 GRUBBS RD TALLAHASSEE FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I further certify that the corporation named above is currently in good standing and has complied with the requirements of Section 607.0502, Florida Statutes. I further certify that all other information contained in this report is true and accurate as of the last day for filing this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered officers and directors listed.

SIGNATURE: Stephen E Pigott 4-26-95 904-926-5103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen E Pigott, President

0408901 FP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

4:03

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **477953** **(4)**

1. Corporation Name
NORTH TAMPA PHOTOGRAPHY, INC.

Principal Place of Business	Mailing Address
1020 WEST BUSCH BOULEVARD TAMPA FL 33612	1020 WEST BUSCH BOULEVARD TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1975**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-1608164** 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

7. This corporation has actually filed or is eligible to file under s. 1361.06, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRANT, JOHN A., JR., ATTORNEY
1715 N WESTSHORE BLVD
SUITE 750
TAMPA FL 33607-0926

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 Section 607.1502 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	11 TITLE	☐ Change ☐ Addition
2 NAME	BUNCH, RAYMOND E	12 NAME	
3 STREET ADDRESS	3631 BERGER RD	13 STREET ADDRESS	
4 CITY ST ZIP	LUTZ FL	14 CITY ST ZIP	
5 TITLE	STD	21 TITLE	☐ Change ☐ Addition
6 NAME	BUNCH, PATRICIA A	22 NAME	
7 STREET ADDRESS	3631 BERGER RD	23 STREET ADDRESS	
8 CITY ST ZIP	LUTZ FL	24 CITY ST ZIP	
9 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 CITY ST ZIP	

14. I declare (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. Further, I certify that the information indicated on this 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 1, 2 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date (Required)

0000771 CP