## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 605791

(3)

GRIFFIN GALLERY OF FINE PHOTOGRAPHY, INC.

Principal Place of Business	Mailing Address		- I INDIAN DAIN DAND ENAN HORAD CENDA HAD	BHAIL MINEL BIOLI ELAN BINN BINN 1984
1451 MARKET STREET TALLAHASSEE FL 32312 US	1451 MARKET ST TALLAHASSEE FL 32312-17 US	<b>'2</b> 6		
	••	•	3. Date Incorporated or Qualified 01/01/1979	3a. Date of Last Report 04/24/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1896219	Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	10-14-14-14-14-14-14-14-14-14-14-14-14-14-	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζφ	Country	8. This corporation has liability for i	* pmg
24 25 9. Name and Address of Current		30]	Florida Statutes  10. Name and Address of New Re	<u> </u>
1 COPERT COPERN		81 Name		
215 S MONROE STREET 255 SUITE 600 TALLAHASSEE FL 52003 Talla	59 shilloh Way	B2 Street Add	iress (P.O. Box Number is Not Acceptab	le)
TALLAHASSEE FL 32303 Talla	hassee, FL	83		
	32308	L L		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of</li> </ol>	and 607.1508, Florida Statute of Florida, Such change was au	s, the above-named cor uthorized by the corpora	poration submits this statement for the partion's board of directors. I hereby accept	urpose of changing its registered to the appointment as registered
agent. I am familiar with, and accept the obligat	tions of Section 607.0505, Flor	ida Statutes.	,	
SIGNATURE	APATE			DATE
Signature, typed or printed name of registered agent  12. OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	
THE PSV	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME GRIFFIN, LOIS D.		1,2 NAME		
STREET ADDRESS 1451 MARKET ST		1.3 STREET ADDRESS		
CHY-SI-ZIP TALLAHASSEE FL		1,4 CITY - ST - ZIP		······
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME GRIFFIN, ROBERT J.		2.2 NAME		
STREET ADDRESS 1451 MARKET ST		2.3 STREET ADDRESS		
CILX-ST-ZIP TALLAHASSEE, FL 00000		2 4 CITY-ST-ZIP		
	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME	·	
STREET ADDRESS		3.3 STREET ADDRESS		!
CHY-ST-ZPP	DELETE	3.4. CHY-ST-ZIP 4.1 TITLE		Change Addition
NAME	Land Observe	4. 2 NAME		the state of the s
STREET ADDRESS		4.3 STREET ADDRESS		
C-TY - ST - ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAM:		5.2 NAME		
STREET ADDRESS		5.3 STREET ADORESS		
CITY - ST - ZIF	······································	5.4 CITY-ST-ZIP		······································
TITLE	☐ DELETE	61 TITLE		Change Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP	with this files despet = -00	6.4 CITY-ST-ZIP	d in Continu 110 07/2V/\ Flacida Citt	n I further earlifushed the
14. I do hereby certify that the information supplied information indicated on the annual reporter or I am an officer or director of the corporation of appears in Black 12 or Black 13 if changed or	applemental annual report is tri	ue and accurate and the	at my signature shall have the same lega	il effect as if made under oath; that

SIGNATURE: SIGNATURE OF THE OF