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Secretary of State

03-08-1999 90007 048 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F28645

1. Corporation Name
ASA PHOTO/GRAPHICS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**106 E GREGORY ST
 PO BOX 829
 PENSACOLA FL 32594**

Mailing Address
**106 E GREGORY ST
 PO BOX 829
 PENSACOLA FL 32594**

3. Date Incorporated or Qualified
03/31/1981

4. FEI Number
59-2075407

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75-Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 2a. Mailing Address
 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent

**AUDLEMAN, ALFRED L
 106 E GREGORY ST
 PENSACOLA FL 32501**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DP**
AUDLEMAN, ALFRED L
 STREET ADDRESS **7204 TWN LAKES LANE**
 CITY-ST-ZIP **PENSACOLA, FL 00000**

TITLE DELETE

NAME **DST**
AUDLEMAN, WILDA S.
 STREET ADDRESS **7204 TWIN LAKES LANE**
 CITY-ST-ZIP **PENSACOLA, FL 00000**

TITLE DELETE

NAME

TITLE DELETE

NAME

TITLE DELETE

NAME

TITLE DELETE

NAME

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred L. Audleman

2/24/99

Date

Daytime Phone #

CR2E034 (1/98)