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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G13709

RICK BOSTICK PHOTOGRAPHY, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 12605 EMERAL COAST PARKWAY 12005 EMERAL COAST PARKWAY STE #5 DESTIN FL 32541 DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/16/1982 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2239486 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current/year Intangible 25 29 30 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name BOSTICK, RICHARD D. 12605 EMERAL COAST PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) STE #5 83 DESTIN FL 32541 84 City 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 mith and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE d agent and title d applicable (NO1£. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition TITLE 1.1 TITLE **BOSTICK, RICHARD D** NAME 1.2 NAME 12605 EMERAL COAST PARKWAY. #5 STREET ADDRESS 1.3 STREET ADDRESS DESTIN FL 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City-ST-ZiP CITY-ST-ZIP Change Addition ■ DELETE 6.1 THILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 or any attachment with an address.