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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H11748

(1)

1. Corporation Name

60 MIN. PHOTO EXPRESS, INC.

Principal Place of Business

13370 US 41 NORTH
NORTH FORT MYERS FL 33903

Mailing Address

13370 US 41 NORTH
NORTH FORT MYERS FL 33903-4815

3. Date Incorporated or Qualified
07/11/1984

3a. Date of Last Report
08/12/1996

2. Principal Place of Business

21 2148-A MCGREGOR BLVD.

Suite, Apt. #, etc.

22

City & State

23 FORT MYERS, FL

Zip

24 33901

Country

25 USA

2a. Mailing Address

26 2148-A MCGREGOR BLVD.

Suite, Apt. #, etc.

27

City & State

28 FORT MYERS, FL

Zip

29 33901

Country

30 USA

4. FEI Number

46-0002954

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

9. Name and Address of Current Registered Agent

EVEY, JAMES W.
13370 US 41 NORTH
NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name

EVEY, JAMES W.

82

Street Address (P.O. Box Number is Not Acceptable)

2148-A MCGREGOR BOULEVARD

83

84 City

FORT MYERS

FL

85 Zip Code

33901

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS ☐ DELETE
NAME EVEY, JAMES W.
STREET ADDRESS 13370 US 41 NORTH
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVS ☒ Change ☐ Addition
1.2 NAME EVEY, JAMES W.
1.3 STREET ADDRESS 2148-A MCGREGOR BOULEVARD
1.4 CITY-ST-ZIP FORT MYERS, FL 33901

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 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.

SIGNATURE: *James W. Evey* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4-10-97 337-1508
Date Daytime Phone #

CR2E034 (9/96)