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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H25168

(6)

QUALITY FAST PHOTO, INC.

FILED	
Apr 17 1997 8	3:00am
Secretary of	State



US	EACH FL 32034 nace of Business	Mailing Address 1722 S 8TH ST STE 1755 FERNANDINA BEACH FL 3 US  2a. Mailing Address 26 Suite, Apt #, etc.	32034-3062		3. Date Incorporated or Qualified 10/11/1984 4. FEI Number 59-2463668	3a. Date of Last Rep 05/01/1996 Appl Not A	ort ed For Applicable
City & Stat		City & State			Certificate of Status Desired     Election Campaign Financing     True Ford Contribution	Fee Requ \$5.00 M	ired ay Be
23   Z-p 24	Country 25 9. Name and Address of Current	Zip  Zip  Posistored Agent	Country	·	8. This corporation has liability for in Florida Statutes  10. Name and Address of New Reg	Yes No	
1755	GH, JAMES A. SOUTH 8TH STREET NANDINA BEACH FL 32034	Trogistated Agent	81 82 83 84	Street Add	dress (P.O. Box Number is Not Acceptable		de
ageal + a SIGNATURI 12.	m familiar with, and accept the obligation in the state of residence age.  OFFICERS AND  PTD	tions of, Section 607.0505, F)  I and the Tapplicable. (NOT	orida Statute	s. 	rporation submits this statement for the plation's board of directors. I hereby acceptured when resistating)  ADDITIONS/CHANGES TO OFFIC	DATE	<del></del>
MANA	PRUGH, JAMES A.		. 1.2 NAME			Land Strange	NOUILION
NAME STREET ADDRESS CUTY-SE-ZIP TOLE NAME STREET ACORESS CITY ST-ZIP	PRUGH, JAMES A.  44 PINEY ISLAND DRIVE FERNANDINA BEACH FL D PRUGH, CHERYL LYNN 44 PINEY ISLAND DRIVE FERNANDINA BEACH FL	[_] DELETE	1.3 STREE 1.4 CITY - 2.1 TITLE 2.2 NAME	I ADDRESS			Addition
STREET ADDRESS CHY-SL-ZIP TOTE NAME STREET ACCRESS CHY ST-ZIP TOTE NAME SERCET ACCRESS CHY ST-ZIP TOTE NAME SERCET ACCRESS CHY SL-ZIP TOTE TOTE NAME NAME NAME NAME NAME NAME NAME NAM	44 PINEY ISLAND DRIVE FERNANDINA BEACH FL D PRUGH, CHERYL LYNN 44 PINEY ISLAND DRIVE FERNANDINA BEACH FL VSD PRUGH, JAMES AUGUSTUS 1225 PALMETTO ROAD EUSTIS FL D	DELETE	1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 TITLE	I ADDRESS ST-ZIP I ADDRESS ST-ZIP		☐ Change ☐	
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- or making manufacture information suppries with this ming loves not quality 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 of changed, or on an attachment with an address.

SIGNATURE

GRATURE AND TYPED OF PRINTED NAME OF SIGNIFIA OFFICER OF DIRECTO

4/7/97 901-261-9600