FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H63535**

1. Corporation Name

ORBEN'S CAMERA CENTER, INC.

Principal Place of Business	Mailing Address
1718 HENDRICKS AVENUE JACKSONVILLE FL 32207	1718 HENDRICKS AVENUE JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1985	3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2594836	☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEBLANC, JR ROBERT
14085 MANDARIN RD.
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name: PAUL J. LEBLANC

82 Street Address (P.O. Box Number is Not Acceptable): 550 REMINGTON FOREST DRIVE

83

84 City: JACKSONVILLE FL 85 Zip Code: 32259

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: X Paul J. LeBlanc — PAUL J. LEBLANC — 4-26-95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~LE BLANC, DORRIS B.~~	12 NAME	PAUL J. LEBLANC	
STREET ADDRESS	~~14085 MANDARIN RD~~	13 STREET ADDRESS	550 REMINGTON FOREST DRIVE	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	14 CITY-ST-ZIP	JACKSONVILLE, FL. 32259	
TITLE	~~VSE~~	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	HUNTER, HERMAN E.	22 NAME		TITLE ONLY
STREET ADDRESS	1718 HENDRICKS AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	VP	☐ Change ☒ Addition
NAME		32 NAME	JOSEPH R. LEBLANC	
STREET ADDRESS		33 STREET ADDRESS	14085 MANDARIN ROAD	
CITY-ST-ZIP		34 CITY-ST-ZIP	JACKSONVILLE, FL. 32223	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: X Paul J. LeBlanc H.E. HUNTER V.P. 4-26-95 904-398-9789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

PAUL J. LEBLANC

0016176 CP