

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 27 1998 8:00am
Secretary of State

DOCUMENT # H91577 (7)

1. Corporation Name
JO SHOUBE STUDIO OF PHOTOGRAPHY, INC.



Principal Place of Business

319 GLENVIEW DRIVE
P. O. BOX 3822
TALLAHASSEE FL 32303

Mailing Address

319 GLENVIEW DRIVE
P. O. BOX 3822
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1985

4. FEI Number

59-2551492

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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30

9. Name and Address of Current Registered Agent

SHOUBE, JO ANNE
319 GLENVIEW DRIVE
TALLAHASSEE FL 32303

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 P
NAME SHOUBE, JO ANNE
STREET ADDRESS 319 GLENVIEW DRIVE
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE:

[Signature]

7-27-98

CR2E034 (5/98)

(2)

Jo Shorge
319 Glenview Dr.
Dalla. Fla 32303

July 27, 1998

Division of Corporations
P.O. Box 1500
Dalla, Fla 32303-1500

Dear Sir or Madam,

I am herewith requesting abatement or waiver of the filing penalty for my corporation.

These past months my studio has experienced a great deal of staff turnover and I have found mail in several unlikely places. However, I have not yet found the original corporation filing report. I had not realized that I had not filed until I received the 2nd notice.

The circumstances of exceptional staff turnover were unusual.

(3)

also my 10 year old daughter was very sick for a week and then hospitalized with a ruptured appendix which resulted in my losing 3 weeks of work. and because I am my studio this has placed an extreme financial hardship on me.

I have been incorporated since 1985 and have never been late. I hope that you can give consideration to this request on view of the exceptional circumstances. Your understanding is greatly appreciated.

Thanking you for your consideration
Jo Shorge