

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L87046**

(3)

1. Corporation Name

**PHOTOGRAPHIX & IMAGING, INC.**

97 SEP 18 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**12451 METRO PARKWAY  
#101  
FT MYERS FL 33912  
US**

Mailing Address

**12451 Metro Parkway  
#101  
FT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/12/1990	05/01/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0209161	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANDFORD, ANNE M  
13009 TALL PINE CIRCLE  
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SANDFORD, JOHN L., SR	1.2 NAME	Sandford, John L., Sr
STREET ADDRESS	355-3 RIVERBLUFF PLACE	1.3 STREET ADDRESS	180 To San Carlos Blvd.
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	Fort Myers, FL 33931
TITLE	PD	2.1 TITLE	
NAME	SANDFORD, ANNE M.	2.2 NAME	
STREET ADDRESS	13009 TALL PINE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	Sandford, John L., Jr.
NAME	SANDFORD, JOHN L., JR	3.2 NAME	4812 Blue Fish Court
STREET ADDRESS	3419 WINKLER AVENUE EXTENDED, APT. 521	3.3 STREET ADDRESS	Fort Myers, FL 33919
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

9/15/97 641-768-2300

CR2E034 (4/97)

**PhotoGraphix  
& Imaging, Inc.**

6900 Daniels Parkway, #15  
In Daniels Crossing, 6900 Daniels Parkway  
Fort Myers, Florida 33912  
Fax (813) 768-5200  
Telephone (813) 768-2300

**PHOTOGRAPHIX & IMAGING, INC.**  
**12461 METRO PARKWAY**  
**FORT MYERS, FL 33912**



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Today is Monday  
September 15, 1997

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: 1997 Corporation Annual Report

Gentlemen:

Enclosed is the completed form for the 1997 Profit Corporation Annual Report, with a check for \$165.00.

Our firm did not receive the original mailing of the Corporation Annual Report and did not realize that we had missed the filing date until the Second Notice arrived. Please note the old mailing address that is listed on the form. Our company moved in November, 1995, but obviously the mailing address was not changed on our records with the Department of State.

We ask that we be allowed to pay the fee of \$165.00 rather than the larger fee since we did not receive the original mailing.

Thank you for your attention.

Very truly yours,

PHOTOGRAPHIX & IMAGING, INC.

*Anne M. Sandford*  
Anne M. Sandford  
President