

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N46562 (7)
1. Corporation Name
7TH PHOTO RECON GROUP ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:03

Principal Place of Business Mailing Address
4390 14TH ST., NE 4390 14TH ST., NE
ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/23/1991	3a. Date of Last Report 02/14/1994
4. FEI Number 95-3464018	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent JOHNSON, TOM J JR 3321 CYPRESS ST TAMPA FL 33607	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
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LAWSON, GEORGE A	1.1 TITLE	☐ Change ☐ Addition
NAME	4390 14TH ST NE	1.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SHADE, DALE	2.1 TITLE	☐ Change ☐ Addition
NAME	1027 BREEZEWOOD CT	2.2 NAME	
STREET ADDRESS	FINDLAY OH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD BROWN, RICHARD M	3.1 TITLE	☐ Change ☐ Addition
NAME	10518 WOODRUFF AVE	3.2 NAME	
STREET ADDRESS	DOWNEY CA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD GACCIONE, FRANK	4.1 TITLE	☐ Change ☐ Addition
NAME	933 GREENSWARD LN	4.2 NAME	
STREET ADDRESS	DELRAY BCH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D REDMOND, LARRY	5.1 TITLE	☐ Change ☐ Addition
NAME	10722 UPPER BAY RD	5.2 NAME	
STREET ADDRESS	HOUSTON TX	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D KORCZYK, RAY	6.1 TITLE	☐ Change ☐ Addition
NAME	1095 ROY AVE	6.2 NAME	
STREET ADDRESS	SAN JOSE CA	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George A Lawson 1/20/95-8135268480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR