

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.

Principal Place of Business

**4390 14TH ST., NE
ST. PETERSBURG, FL 33709**

Mailing Address

**4390 14TH ST., NE
ST. PETERSBURG, FL 33709-5358**



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|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/23/1991 | 3a. Date of Last Report 02/02/1996 |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 95-3464018 | Applied For Not Applicable |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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 | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAWSON, GEORGE A | 1.2 NAME | |
| STREET ADDRESS | 4390 14TH ST NE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHADE, DALE | 2.2 NAME | |
| STREET ADDRESS | 1027 BREEZEWOOD CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FINDLAY OH | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MICHENER, BEN C. | 3.2 NAME | |
| STREET ADDRESS | 6720 S. 91ST E. AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TULSA OK | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GACCIONE, FRANK | 4.2 NAME | |
| STREET ADDRESS | 933 GREENSWARD LN | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REDMOND, LARRY | 5.2 NAME | |
| STREET ADDRESS | 18722 UPPER BAY RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KORCZYK, RAY | 6.2 NAME | |
| STREET ADDRESS | 1095 ROY AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN JOSE CA | 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 617, 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 - GEORGE LAWSON - 3/7/97 - 526 8480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049985

CR2E037 (9/96)