

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

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1. Corporation Name

7TH PHOTO RECON GROUP ASSOCIATION, INC.

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

Mailing Address
4390 14TH ST., NE
ST. PETERSBURG, FL 33703



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/23/1991

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 ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, TOM J JR
3321 CYPRESS ST
TAMPA FL 33607

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 ☐ DELETE

NAME **P**
GACCIONE, FRANK
STREET ADDRESS **933 GREENSWARD LN**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD**
SHADE, DALE
STREET ADDRESS **1027 BREEZEWOOD CT**
CITY-ST-ZIP **FINDLAY OH**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **SD**
MICHENER, BEN C.
STREET ADDRESS **6720 S. 91ST E. AVE.**
CITY-ST-ZIP **TULSA OK**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **T**
LAWSON, GEORGE A
STREET ADDRESS **4390 14TH ST NE**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **D**
REDMOND, LARRY
STREET ADDRESS **18722 UPPER BAY RD**
CITY-ST-ZIP **HOUSTON TX**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
KORCZYK, RAY
STREET ADDRESS **1095 ROY AVE**
CITY-ST-ZIP **SAN JOSE CA**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George A. Lawson** **GEORGE A. LAWSON-TREAS. 2/20/99-727 5268480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)