

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

*Non-PROFIT

CORPORATION
ANNUAL REPORT

1996

N96000002033



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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT #

1. Corporation Name

PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

% JOHN PETERS
2201 NE 16TH TER
GAINESVILLE FL 32609

% JOHN PETERS
2201 NE 16TH TER
GAINESVILLE FL 32609

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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4. FEI Number

59-3249355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PETERS, JOHN
2201 NE 16TH TER
GAINESVILLE FL 32609

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME
KIEF, KIRK
STREET ADDRESS
RT. 3, BOX 211
CITY-ST-ZIP
INTERLACHEN FL

TITLE ☒ DELETE

NAME
RENAUD, PAT
STREET ADDRESS
HIGHWAY 341, ROUTE 3, BOX 2070
CITY-ST-ZIP
CHIEFLAND FL

TITLE ☐ DELETE

NAME
REILLY, MARYANN
STREET ADDRESS
ROUTE 7, BOX 353
CITY-ST-ZIP
LIVE OAK FL

TITLE ☒ DELETE

NAME
LOCONTO, SALLY J
STREET ADDRESS
1809 N.W. 143 STREET
CITY-ST-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
PETERS, JOHN R.
STREET ADDRESS
2201 NE 16TH TER
CITY-ST-ZIP
GAINESVILLE FL

TITLE ☒ DELETE

NAME
SABBACK, FRED
STREET ADDRESS
P.O. BOX 112
CITY-ST-ZIP
CROSS CITY FL

1.1 TITLE

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

P

RENAUD, PAT
HIGHWAY 341 ROUTE 3 BOX 2070
CHIEFLAND, FL 32626

VP

SABBACK, FRED
P.O. BOX 112 N/A
CROSS CITY, FL 32628

VP

REILLY, MARY ANN
ROUTE 7 BOX 353
LIVE OAK, FL 32060

SEC

FLEMING, SUSIE
RT 1, BOX 1071
HIGH SPRINGS, FL 32643

T

PETERS, JOHN R.
2201 NE 16TH TER
GAINESVILLE, FL 32609

D

KIEF, KIRK
RT. 3, BOX 211
INTERLACHEN, FL. 32148

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

10 Apr 96 904-372-3942

Date

Daytime Phone #

CR2E034 (12/95)