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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002033 (6)

1. Corporation Name

PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLOR
IDA, INC.

Principal Place of Business

Mailing Address

%JOHN PETERS
2201 NE 16TH TERRACE
GAINESVILLE FL 32609%JOHN PETERS
2201 NE 16TH TERRACE
GAINESVILLE FL 32609-89133. Date Incorporated or Qualified
05/26/19943a. Date of Last Report
05/01/19964. FEI Number
59-3249355Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN, PETERS
2201 NE 16TH TERRACE
GAINESVILLE FL 32609

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

18 Feb 97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETES
NAME FLEMING, SUSIE
STREET ADDRESS RT 1, BOX 1071
CITY - ST - ZIP HIGH SPRINGS FL 320801.1 TITLE ☒ Change ☐ AdditionD
1.2 NAME Fleming, Susie
1.3 STREET ADDRESS 5740 N.E. 80th Court
1.4 CITY - ST - ZIP High Springs, FL 32643TITLE ☐ DELETEP
NAME RENAUD, PAT
STREET ADDRESS HWY 341, RT 3, BOX 2070
CITY - ST - ZIP CHIEFLND FL2.1 TITLE ☒ Change ☐ AdditionP
2.2 NAME Renaud, Pat
2.3 STREET ADDRESS 6490 N.W. 150th Street
2.4 CITY - ST - ZIP Chiefland, FL 32628TITLE ☒ DELETEVPD
NAME REILLY, MARYANN
STREET ADDRESS RT 7, BOX 353
CITY - ST - ZIP LIVE OAK FL 320603.1 TITLE ☐ Change ☒ AdditionS
3.2 NAME Thornton, Brenda
3.3 STREET ADDRESS 116 N. Walnut Street
3.4 CITY - ST - ZIP Starke, FL 32091TITLE ☐ DELETED
NAME KIEF, KIRK
STREET ADDRESS RT.3, BOX 211
CITY - ST - ZIP INTERLACHEN FL 321484.1 TITLE ☒ Change ☐ AdditionD
4.2 NAME Kief, Kirk
4.3 STREET ADDRESS 1500 Huxson Ave
4.4 CITY - ST - ZIP Dade City, FL 32177TITLE ☐ DELETET
NAME PETERS, JOHN R
STREET ADDRESS 2201 NE 16TH TERRACE
CITY - ST - ZIP GAINESVILLE FL 326095.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETED
NAME SABBACK, FRED
STREET ADDRESS PO BOX 112 N/A
CITY - ST - ZIP CROSS CITY FL 326286.1 TITLE ☒ Change ☐ AdditionVPD
6.2 NAME Sabback, Fred
6.3 STREET ADDRESS P.O. Box 112 N/A
6.4 CITY - ST - ZIP Cross City, FL 32628

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Feb 97

352-372-3942

CR2E037 (9/96)