

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 12 1998 8:00am
Secretary of State

DOCUMENT # N96000002033 (6)

1. Corporation Name

PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, 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

3. Date Incorporated or Qualified

05/26/1994

4. FEI Number

59-3249355

Applied For

Not Applicable

2. Principal Place of Business

21 *WATERS, VIRGINIA*

Suite, Apt. #, etc.

22 *515 S. MARION ST*

City & State

23 *LAKE CITY FL*

Zip

24 *32025*

Country

25 *USA*

2a. Mailing Address

26 *WATERS, VIRGINIA*

Suite, Apt. #, etc.

27 *515 S. MARION ST*

City & State

28 *LAKE CITY FL*

Zip

29 *32025*

Country

30 *USA*

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHN, PETERS
2201 NE 16TH TERRACE
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

VIRGINIA WATERS

82 Street Address (P.O. Box Number is Not Acceptable)

515 S. MARION ST

83

84 City

LAKE CITY

FL

85 Zip Code

32025

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

Virginia Waters

VIRGINIA WATERS

07/30/98

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *FLEMING, SUSIE*
STREET ADDRESS *5740 NE 80TH COURT*
CITY-ST-ZIP *HIGH SPRINGS FL*

TITLE ☒ DELETE

NAME *RENAUD, PAT*
STREET ADDRESS *6490 NW 150TH ST*
CITY-ST-ZIP *CHIEFLD FL*

TITLE ☐ DELETE

NAME *THORNTON, BRENDA*
STREET ADDRESS *116 N WALNUT ST*
CITY-ST-ZIP *STARKE FL*

TITLE ☐ DELETE

NAME *KIEF, KIRK*
STREET ADDRESS *RT.3, BOX 211*
CITY-ST-ZIP *INTERLACHEN FL 32148*

TITLE ☒ DELETE

NAME *PETERS, JOHN R*
STREET ADDRESS *2201 NE 16TH TERRACE*
CITY-ST-ZIP *GAINESVILLE FL 32609*

TITLE ☐ DELETE

NAME *SABBACK, FRED*
STREET ADDRESS *PO BOX 112 N/A*
CITY-ST-ZIP *CROSS CITY FL 32628*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME *FLEMMING, SUSIE*
1.3 STREET ADDRESS *15 NE 2ND AVE*
1.4 CITY-ST-ZIP *HIGH SPRINGS, FL. 32643*

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME *ENKERUD, DONALD*
2.3 STREET ADDRESS *2615 NW 38 ST.*
2.4 CITY-ST-ZIP *GAINESVILLE, FL 32605*

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME *THORNTON, BRENDA*
3.3 STREET ADDRESS *116 N. WALNUT ST*
3.4 CITY-ST-ZIP *STARKE, FL. 32091*

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME *KIEF, KIRK*
4.3 STREET ADDRESS *1500 HUSSON AVE*
4.4 CITY-ST-ZIP *PALATKA, FL. 32177*

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME *WATERS, VIRGINIA*
5.3 STREET ADDRESS *515 S. MARION ST.*
5.4 CITY-ST-ZIP *LAKE CITY FL 32025*

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.

SIGNATURE:

Virginia Waters

07/30/98 (904) 252-1550

Date Daytime Phone #

CR2E037 (5/98)