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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000002033

1. Corporation Name

PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business

C/O WATERS, VIRGINIA
515 MARION ST
LAKE CITY FL 32025
US

Mailing Address

C/O WATERS, VIRGINIA
515 S MARION ST
LAKE CITY FL 32025
US



2. Principal Place of Business

21 **515 S. MARION ST**

Suite, Apt. #, etc.

22 **LAKE CITY FL**

City & State

23 **32025**

Zip

Country

25 **Columbia**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/26/1994

4. FEI Number

59-3249355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**WATERS, VIRGINIA
515 S MARION STREET
LAKE CITY FL 32025**

10. Name and Address of New Registered Agent

81 Name

(SAME)

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

Virginia Waters, VIRGINIA F WATERS, TREASURER 2/24/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D FLEMING, SUSIE**
STREET ADDRESS **15 NE 2ND AVE**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE ☐ DELETE
NAME **S ENKERUD, DONALD**
STREET ADDRESS **2615 NW 38TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32605**

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

TITLE ☒ DELETE
NAME **P KIEF, KIRK**
STREET ADDRESS **1500 HUSSON AVE**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ DELETE
NAME **T WATERS, VIRGINIA**
STREET ADDRESS **515 S MARION ST**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE ☒ DELETE
NAME **D 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 **P FLEMMING, SUSIE**
1.3 STREET ADDRESS **15 NE 2 AVE**
1.4 CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

2.1 TITLE ☐ Change ☒ Addition
VP
2.2 NAME **RON WATERS**
2.3 STREET ADDRESS **515 S. MARION ST**
2.4 CITY-ST-ZIP **LAKE CITY FL 32025**

3.1 TITLE ☐ Change ☒ Addition
SECRETARY
3.2 NAME **HEWTON HARMON**
3.3 STREET ADDRESS **15584 MEADOWCREST BLVD**
3.4 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

4.1 TITLE ☒ Change ☒ Addition
D
4.2 NAME **MC COOK, EDWIN**
4.3 STREET ADDRESS **PO BOX 456**
4.4 CITY-ST-ZIP **LIVE OAK FL 32064**

5.1 TITLE ☒ Change ☐ Addition
D
5.2 NAME **ENKERUD, DONALD**
5.3 STREET ADDRESS **2615 NW 38TH ST**
5.4 CITY-ST-ZIP **GAINESVILLE, FL 32605**

6.1 TITLE ☐ Change ☐ Addition
B
6.2 NAME **ROBERTSON**
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: **Virginia Waters** **SIGNATURE OF REGISTERED AGENT 2/24/99** **904.7529550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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