

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000000092 (6)

1. Corporation Name

PRODUCTION HOUSE & DARKROOM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -9 PM 2:32

Principal Place of Business

3773 CENTRAL AVENUE
SUITE 400
ST PETERSBURG FL 33713

Mailing Address

3773 CENTRAL AVENUE
SUITE 400
ST PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/21/1992

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 1821 28TH ST. N.

2a. Mailing Address

26 1821 28TH ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 S

27

City & State

23 ST. PETERSBURG

City & State

28 ST. PETERSBURG

24 PINELLAS

25 33713

29 33713

30 PINELLAS

4. FEI Number
59-3115697

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

8. This corporation has liability for intangible taxes under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

WONEBROWNER, J. M.
3773 CENTRAL AVENUE
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name
CAROL A. CALLAHAN
82 Street Address (P.O. Box Number is Not Acceptable)
1821 28TH ST. N.
83
84 City
ST. PETERSBURG FL 85 Zip Code
33713

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: Carol A. Callahan 7/10/95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DW

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MORELOCK, DONALD R SR
1821 28TH STREET NORTH
ST PETERSBURG FL 33713

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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.D.
CAROL A. CALLAHAN
1821 28TH ST. NORTH
ST. PETERSBURG, FL. 33713
V.P. M.
BOBBY E. CALLAHAN
1821 28TH ST. N.
ST. PETERSBURG FL. 33713

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Carol A. Callahan 7/10/95 1813 323-3004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #