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FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000029914 (7)

1. Corporation Name

PHOTOGRAPHIC INVESTIGATIONS, INC.

Principal Place of Business

815 BREVARD COURT
ORLANDO FL 32822

Mailing Address

815 BREVARD COURT
ORLANDO FL 32822-8118

3. Date Incorporated or Qualified

04/23/1993

3a. Date of Last Report

01/23/1996

4. FEI Number

59-3182901

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 tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 504 RAINTREE TRAIL
Suite, Apt. #, etc.

22 City & State

23 ST. AUGUSTINE, FL
Zip Country

24 32086 25 ST. JOHNS

2a. Mailing Address

26 504 RAINTREE TRAIL
Suite, Apt. #, etc.

27 City & State

28 ST. AUGUSTINE, FL
Zip Country

29 32086 30 ST. JOHNS

9. Name and Address of Current Registered Agent

BARRETT, JOHN
815 BREVARD COURT
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

DOUGLAS H. HOWARD

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

504 RAINTREE TRAIL

83

84 City

ST. AUGUSTINE

FL

85 Zip Code
32086

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

Douglas H. Howard

(NOTE: Registered Agent signature required when reinstating)

1-20-97
DATE

Signature typed or printed for use of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME BARRETT, JOHN
STREET ADDRESS 815 BREVARD COURT
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

VD
NAME HOWARD, DOUGLAS
STREET ADDRESS 815 BREVARD COURT DR.
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PD
1.2 NAME HOWARD, DOUGLAS H.
1.3 STREET ADDRESS 504 RAINTREE TRAIL
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Douglas H. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-97 904-788-7861

797-7861

CR2E034 (9/96)