

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:04

DOCUMENT # P94000044652 (3)

1. Corporation Name

AFFORDABLE IMAGES, INC.

Principal Place of Business

**9071 RIDGE RD
SEMINOLE FL 34642**

Mailing Address

**9071 RIDGE RD
SEMINOLE FL 34642**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

P.O. Box 3391

4. FEI Number

59-3250502

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

Seminole FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

34645

30

USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEILDS, ROBERT N JR
9071 RIDGE RD
SEMINOLE FL 34642**

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 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

(Signature of person or entity authorized to register agent and take it up for filing)

(Signature of Registered Agent or person authorized to register agent)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

PS

NAME

SHEILDS, ROBERT N JR

STREET ADDRESS

9071 RIDGE RD

CITY, ST, ZIP

SEMINOLE FL 34642

13. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

15. TITLE

VT

NAME

HUDGINS, SHARON S

STREET ADDRESS

9071 RIDGE RD

CITY, ST, ZIP

SEMINOLE FL 34642

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

16. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

18. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

19. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Robert N. Shields Jr

Robert N. Shields Jr

3/25/95

(913) 430-9985

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE AND TELEPHONE NUMBER