FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000057889 (5)**

1. Corporation Name
NEIGHBOR PHOTO LAB, INC.

Principal Place of Business
4541-1 SHIRLEY AVE.
JACKSONVILLE FL 32210

Mailing Address
4541-1 SHIRLEY AVE.
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-3253199 ☐ 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

NIEGOWSKI, WILLIAM J
4541-1 SHIRLEY AVE.
JACKSONVILLE FL 32210

10. **Name and Address of New Registered Agent**

81 Name: NIEGOWSKI, Cindy Jo
82 Street Address (P.O. Box Number is Not Acceptable): 4541-1 Shirley AVE
83
84 City: JACksonville FL 85 Zip Code: 32210

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: Cindy Niegowski Cindy NIEGOWSKI President DATE 5/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	NIEGOWSKI, WILLIAM J		1.2 NAME	NIEGOWSKI, Cindy Jo	
STREET ADDRESS	4541-1 SHIRLEY AVE.		1.3 STREET ADDRESS	4541-1 Shirley Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	☐ DELETE	2.1 TITLE	VP/S/D	☒ Change ☐ Addition
NAME	NIEGOWSKI, CINDY JO		2.2 NAME	NIEGOWSKI, William J	
STREET ADDRESS	2824 SYDNEY ST.		2.3 STREET ADDRESS	2824 Sydney St.	
CITY-ST-ZIP	JACKSONVILLE FL 32205		2.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FITZGERALD, STONY		3.2 NAME		
STREET ADDRESS	1849 LAKESHORE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FITZGERALD, MELISSA		4.2 NAME		
STREET ADDRESS	1849 LAKESHORE BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Cindy Niegowski Cindy NIEGOWSKI — 5/10/96 CN (~~2-1-96~~) — 904 3871890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)