FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

'95 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000086490 (7)**

1. Current Name

MICHELLE CASON PHOTOGRAPHY, INC.

Principal Place of Business

1449 GLENMORE COURT
APOPKA FL 32712

Mailing Address

1449 GLENMORE COURT
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1994**

3a. Date of Last Report:

2. Federal Employer Identification (FEI) Number: **59-3282022**

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. The corporation is organized pursuant to Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CASON, MICHELLE D
1449 GLENMORE COURT
APOPKA FL 32712

10. Name and Address of New Registered Agent

01 Name

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

03

04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 Title	DP	01 Title	☐ Change ☐ Addition
02 Name	CASON, MICHELLE D	02 Name	
03 Street Address	1449 GLENMORE COURT	03 Street Address	
04 City, St, ZIP	APOPKA FL 32712	04 City, St, ZIP	
05 Title	DV	05 Title	☐ Change ☐ Addition
06 Name	CASON, JACQUELINE P	06 Name	
07 Street Address	1449 GLENMORE COURT	07 Street Address	
08 City, St, ZIP	APOPKA FL 32712	08 City, St, ZIP	
09 Title	DST	09 Title	☐ Change ☐ Addition
10 Name	BROWN, LAURE M	10 Name	
11 Street Address	14643 BRAY ROAD	11 Street Address	
12 City, St, ZIP	ORLANDO FL 32832	12 City, St, ZIP	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, ZIP		16 City, St, ZIP	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, ZIP		20 City, St, ZIP	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, ZIP		24 City, St, ZIP	

14. I do hereby certify that the information supplied with this filing is executed, honest and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Michelle D Cason — 4-29-95 — 407-886-1686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michelle D CASON — 4-29-95

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