**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 # **P94000086490 (7)**

1. Corporation Name

**MICHELLE CASON PHOTOGRAPHY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| **1449 GLENMORE COURT**<br>**APOPKA FL 32712**<br>address change | **1449 GLENMORE COURT**<br>**APOPKA FL 32712** |

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

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 850 w church
22: Suite, Apt. #, etc.:
23: City & State: Longwood FL
24: Zip: 32750
25: Country: Semino

2a. Mailing Address
26: 250 w church
27: Suite, Apt. #, etc.:
28: City & State: Longwood FL
29: Zip: 32750
30: Country: Semino

4. 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. "This corporation has liability for intangible tax under s. 199.032, 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

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 607.0505 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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | DP | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | CASON, MICHELLE D | | 1.2 NAME | |
| STREET ADDRESS | 1449 GLENMORE COURT | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | APOPKA FL 32712 | | 1.4 CITY-ST-ZIP | |
| TITLE | DV | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | CASON, JACQUELINE P | | 2.2 NAME | |
| STREET ADDRESS | 1449 GLENMORE COURT | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | APOPKA FL 32712 | | 2.4 CITY-ST-ZIP | |
| TITLE | DST | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, LAURE M | | 3.2 NAME | |
| STREET ADDRESS | 14643 BRAY ROAD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32832 | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 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 complete, accurately furnished and 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:** Michelle Cason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: _____ Daytime Phone #: _____

CR2E034 (12/95)