

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086093 (8)

1. Corporation Name

LASTING IMAGES, INC.



Principal Place of Business

POST OFFICE BOX 71
SHALIMAR FL 32579

Mailing Address

POST OFFICE BOX 71
SHALIMAR FL 32579

2. Principal Place of Business

2a. Mailing Address

21 45 5th St.

26 Same as above

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 109

28 City & State

23 Shalimar FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 32579

25 OKALOOSA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

4. FET Number

☒ 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

10. Name and Address of New Registered Agent

DICONCILIO, S J
45 5TH STREET UNIT 109
SHALIMAR FL 32579

81 Name

NO Change

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

Shirley J. Diconcilio

4-15-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME President
STREET ADDRESS Shirley J. Diconcilio
CITY-STATE-ZIP (P.O. Box 410) 45 5th St., Unit 109
Shalimar, FL 32579

TITLE ☐ DELETE
NAME Vice-President
STREET ADDRESS Tracy L. VanHorn
CITY-STATE-ZIP 105 Hillwood
Crestview, FL 32536

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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***200.00

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 checked, or in an attachment with an address.

SIGNATURE:

Shirley J. Diconcilio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

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