FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

5709 SW 75 STREET

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020252 (7)

DIGITAL PHOTO, INC.

Principal Place of Business

5709 SW 75 STREET

GAINESVILLE FL 32608 GAINESVILLE FL 32608 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name abbitt, John 5709 SW 75 STREET Street Address (P.O. Box Number is Not Acceptable) 82 GAINESVILLE FL 32608 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PVST** DELETE Change Addition 1.1 THEF TITLE ABBITT, JOHN NAME 1.2 NAME 8927 SW 42 PLACE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32608** 14 CITY- \$1 - 7/P CITY-ST-ZIP DELFIE Change Addition 21 TITLE TITLE ABBITT, JOHN NAME 2.2 NAME 8927 SW 42 PLACE STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32608** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE Change TITLE 3.1 THLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TIME NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 trusted 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.

4.4 CITY - ST - 7IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5.1 THLE

5.2 NAME

6.1 1/11 6

6.2 NAME

DETETE

DELFTE

CICMATUDE.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

John Milyt

4-14-98

352315 6584

Change

Change

Addition

☐ Addition

FILED

Apr 21 1998 8:00am

Secretary of State