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

**PROFIT CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000026767 (8)

## SOUTHLIGHT PHOTOGRAPHY, INC.

Principal Plac	ce of Business	Mailing Address				
767 SANDPIPER LANE CASSELBERRY FL 32707		767 SANDPIPER LANE CASSELBERRY FL 32707				
		ONOGEDENIN 16 DELD	V/10001011111 1 0 0210/		DO NOT WRITE IN THIS SPACE	
					<ol> <li>Date Incorporated or Qualified</li> <li>03/20/1997</li> </ol>	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21				54-34-30555	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			\$8.75 Additional
2227		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Ζίρ	Country	Zip	Countr	У	8. This corporation owes or has paid the	
24	[25]	29	30		Personal Properly Tax due June 30.	Yes No
	g. Name and Address of Curr	ent Registered Agent	81	1	10. Name and Address of New Register	ed Agent
	VCOTT, ROBERT		0'	Name		
767 SANDPIPER LANE CASSELBERRY FL 32707			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
UA.	SSELDENNT PL 32/U/		83			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stati	utes, the abov	e-named cor	poration submits this statement for the numer	s of changing its registered
Office of r	registered agent, or both, in the Sta im familiar with, and accept the obt	ite of Florida. Silon changa was	: authorized b	w the cornors	ition's board of directors. I hereby accept the a	appointment as registered
	int samual with and accept the opi	igations of acction cor.coc, i	iorida Statute	5.		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NC	TE: Registered Ag	ent signature requ	red when reinstating) DAT	
12.	OFFICERS A	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	TANCOTT, ROBERT		1.2 NAME			
STREET ADDRESS	767 SANDPIPER LANE		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 Cily-5	ST-ZIP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2 4 CiTY-	ST-ZIP		
TITLE		☐ DELET <b>E</b>	3.1 TITLE			☐ Change ☐ Addition
NAME			3 2 NAME			}
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			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	<u> </u>		4.4 City-S	iT - ZIP		
TITLE		☐ DELET <b>E</b>	5.1 TITLE		····	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			e a CTDECT	ADDOCCO		

14. Thereby certify that the information supplied with this filing does not goaling 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 as full report is two and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the recover or trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an alternative with an address.

**FILED** 

Jan 27 1998 8:00am

Secretary of State