

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 21 1998 8:00am
Secretary of State

DOCUMENT # P97000053629
1. Corporation Name

JUST PICTURE THIS, INC.

Principal Place of Business
~~36 Ninth Street So.~~
~~Naples, FL 33940~~

Mailing Address
~~36 Ninth Street So.~~
~~Naples, FL 33940~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **36 Ninth St. So.**
Suite, Apt. #, etc.
22
City & State
23 **Naples, FL**
Zip
24 **34102**
Country
25 **Collier**
2a. Mailing Address
26 **P.O. Drawer 610**
Suite, Apt. #, etc.
27 **Attn: Robert A. Winesett**
City & State
28 **Fort Myers, FL**
Zip
29 **33902**
Country
30 **Lee**

3. Date Incorporated or Qualified
06/17/97
4. FEI Number
65-0764171
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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WINESETT, ROBERT A.
2248 First Street
Fort Myers, FL 33901

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 607.0502 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 607.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and SSK, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **-D-** ☐ DELETE
NAME **Buckner, Mary E.**
STREET ADDRESS **5158A Principia Dr.**
CITY-ST-ZIP **Ft. Myers, FL 33919**
TITLE **-D-** ☐ DELETE
NAME **Buckner, Andrew P.**
STREET ADDRESS **12008 Mettee Road**
CITY-ST-ZIP **Marriottsville, MD 21104**
TITLE **-D-** ☐ DELETE
NAME **Buckner, Olga S.**
STREET ADDRESS **12008 Mettee Road**
CITY-ST-ZIP **Marriottsville, MD 21104**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE **D/V/T** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE **D/S** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

Mary E. Buckner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

5/1/98
Date

(941) 649-5544
Daytime Phone

CR2E034 (10/97)