

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90020 035 \*\*\*150.00

DOCUMENT # P97000053629

1. Corporation Name

JUST PICTURE THIS, INC.

Principal Place of Business

36 9TH ST. S.  
NAPLES FL 33940

Mailing Address

P.O. DRAWER 610  
ATTN: ROBERT A. WINESETT  
FORT MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1997

4. FEI Number

65-0764171

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WINESETT, ROBERT A  
2248 1ST ST.  
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

MARY E. BUCKNER

82 Street Address (P.O. Box Number is Not Acceptable)

6168A PRINCIPAL DR

83

84 City

Ft. Myers

FL

85 Zip Code

33919

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

MARY E. BUCKNER Mary E. Buckner President

4/23/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVT ☐ DELETE

NAME BUCKNER, ANDREW P  
STREET ADDRESS 12008 METTEE RD.  
CITY-ST-ZIP MARIOTTSTVILLE MD 21104

TITLE DS ☐ DELETE

NAME BUCKNER, OLGA S  
STREET ADDRESS 12008 METTEE RD.  
CITY-ST-ZIP MARIOTTSTVILLE MD 21104

TITLE DP ☐ DELETE

NAME BUCKNER, MARY E  
STREET ADDRESS 6168A PRINCIPAL DR.  
CITY-ST-ZIP FT. MYERS FL 33919

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 DVT ☒ Change ☐ Addition

1.2 NAME BUCKNER, Andrew P.  
1.3 STREET ADDRESS 20881 Wildcat Run DR. #208  
1.4 CITY-ST-ZIP ESTERO, FL 33928

2.1 TITLE DS ☐ Change ☐ Addition

2.2 NAME Olga S. Buckner  
2.3 STREET ADDRESS 20881 Wildcat Run DR #208  
2.4 CITY-ST-ZIP ESTERO, FL 33928

3.1 TITLE ☐ 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, with all other like empowered.

SIGNATURE: MARY E. BUCKNER Mary E. Buckner President 4/23/99 941-649-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0417737