

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 90160 049 ***150.00

DOCUMENT # P98000001425

1. Corporation Name

NATIONAL ASSOCIATION OF PHOTOSHOP PROFESSIONALS,
INC.

Principal Place of Business

2194 MAIN STREET
SUITE K
DUNEDIN FL 34698

Mailing Address

2194 MAIN STREET
SUITE K
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

59-3484519

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1042 Main Street

Suite, Apt. #, etc.

22 Ste. 201

City & State

23 Dunedin FL

Zip Country

24 34698 25

2a. Mailing Address

26 1042 Main Street

Suite, Apt. #, etc.

27 Ste. 201

City & State

28 Dunedin FL

Zip Country

29 34698 30

9. Name and Address of Current Registered Agent

KELBY, SCOTT G
2194 MAIN STREET
SUITE K
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

Scott Kelby

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

1042 Main Street

83 201

84 City

Dunedin

FL

85 Zip Code

34698

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

Sean A. Kendra
Signature, typed or printed name of registered agent and title if applicable.

Sean A. Kendra Treasurer
(NOTE: Registered Agent signature required when reinstating)

4-27-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KELBY, SCOTT G
711 WILDFLOWER DRIVE
PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KELBY, KALEBRA L
711 WILDFLOWER DRIVE
PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WORKMAN, JAMES
13432 ANDOVA DRIVE
LARGO FL 33774

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KENDRA, JEAN
13432 ANDOVA DRIVE
LARGO FL 33774

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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: *Sean A. Kendra* Treasurer 4-27-99 727-738-2728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)