


**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90025 021 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000083757</b> 1. Corporation Name <b>JACK-N-JILL PHOTOGRAPHY, INC.</b>					
Principal Place of Business			Mailing Address		
C/O MARY L TEDDER <del>2634 ORANGE PICKERS RD.</del> <b>3821 Hendricks Ave</b> <b>JACKSONVILLE FL 32223</b> <b>Jax FL 32207</b>			C/O MARY L TEDDER <del>2634 ORANGE PICKERS RD.</del> <b>3821 Hendricks Ave</b> <b>JACKSONVILLE FL 32223</b> <b>Jax FL 32207</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			2a. Mailing Address		
21 <b>3821 Hendricks Ave.</b> Suite, Apt. #, etc.			26 <b>Samt</b> Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24			30		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TEDDER, MARY L 2634 ORANGE PICKERS RD. JACKSONVILLE FL 32223			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 607.0505, Florida Statutes.					
SIGNATURE <i>Mary L Tedder</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	D Vice President <input type="checkbox"/> DELETE TEDDER, GERALD L 14441 COURSE VIEW DR. ORANGE PARK FL CITY-ST-ZIP				
TITLE	D President <input type="checkbox"/> DELETE TEDDER, MARY L 14441 COURSE VIEW DR. ORANGE PARK FL CITY-ST-ZIP				
TITLE	D Secretary <input type="checkbox"/> DELETE OSAOLLA, TAMMY 2634 ORANGE PICKERS RD. JACKSONVILLE FL 32223 CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE				
TITLE	<input type="checkbox"/> DELETE				
TITLE	<input type="checkbox"/> DELETE				
TITLE	<input type="checkbox"/> DELETE				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)