FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S42769** (7)

1. Corporation Name

PHOTO CHEMICAL SUPPLY, INC.

Principal Place of Business: 310 ANCHOR ROAD, CASSELBERRY FL 32707-3296

Mailing Address: 310 ANCHOR ROAD, CASSELBERRY FL 32707-3296

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/29/1991**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3063711** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

COLTON, FREDERIC T.
310 ANCHOR ROAD
~~SUITE 900~~
CASSELBERRY FL 32707

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 607.0505, Florida Statutes.

SIGNATURE ______________________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	☐ Change ☐ Addition
NAME	COLTON, FREDERIC T., IV	1.2 NAME	
STREET ADDRESS	310 ANCHOR RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	COLTON, FREDERIC T.	2.2 NAME	
STREET ADDRESS	310 ANCHOR RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COLTON, KEVIN	3.2 NAME	
STREET ADDRESS	310 ANCHOR RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COLTON, JEFFREY P.	4.2 NAME	
STREET ADDRESS	310 ANCHOR RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	
TITLE	VPS	5.1 TITLE	☑ Change ☐ Addition
NAME	TRYZBIAK, LYNNE A.	5.2 NAME	Bellaire, Lynne A.
STREET ADDRESS	310 ANCHOR RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature] FRED COLTON 3/21/95 407 830-6243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037143 CP