

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date incorporated or Qualified 03/29/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3063711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent COLTON, FREDERIC T. 310 ANCHOR ROAD SUITE-000 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 85 Zip Code FL
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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

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

(Typed or printed name of registered agent and title, if applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLAIRE, LYNN A	5.2 NAME	
STREET ADDRESS	310 ANCHOR RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(407) 830-6313

CR2E034 (12/95)