

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S82717** (7)

1. Corporation Name

IMAGES ETC. INC.



Principal Place of Business

**813 E BLOOMINGDALE AVE.
SUITE 175
BRANDON FL 33511**

Mailing Address

**813 E BLOOMINGDALE AVE.
SUITE 175
BRANDON FL 33511**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/25/1991

3a. Date of Last Report

06/13/1995

4. FEI Number

59-3088653

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARBRIDGE, M. JAMES
813 E. BLOOMINGDALE AVE.
SUITE 175
BRANDON FL 33511**

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 607.0507 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 607.0506, Florida Statutes.

SIGNATURE

M. James Harbridge

(Print Name of Registered Agent Signature Incorporated When Necessary)

1-24-96

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

**PD
HARBRIDGE, M JAMES
813 E BLOOMINGDALE AVE
BRANDON FL**

☐ DELETE

12.2 TITLE

**VPD
HARBRIDGE, SUSAN C
813 E BLOOMINGDALE AVE
BRANDON FL**

☐ DELETE

12.3 TITLE

☐ DELETE

12.4 TITLE

☐ DELETE

12.5 TITLE

☐ DELETE

12.6 TITLE

☐ DELETE

12.7 TITLE

☐ DELETE

12.8 TITLE

☐ DELETE

12.9 TITLE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 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)(g), 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 or 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:

M. James Harbridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. JAMES HARBRIDGE

DATE

**1-24-96
813-854-8441**

LONG/SHORT PHONE #

CR2E034 (12/95)