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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
Tallahassee, Florida 32399-0001

DOCUMENT # V03752

(5)

IMAGE DEPOT CONCEPTS, INC.

Principal Office Location

Mail Stop Location

3216 FLORAMAR TERR  
NEW PORT RICHEY FL 34652  
US

P O BOX 375  
ELFERS FL 34680-0375  
US

(Check if Wholly Within Space)

|                                                                                        |                                                                     |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date of Incorporation (If 2 checked)                                                | 3a. Date of Last Report                                             |
| 12/30/1991                                                                             | 05/01/1994                                                          |
| 4. FEI Number                                                                          | Applied For                                                         |
| 59-3106996                                                                             | Not Applicable                                                      |
| 5. Certificate of Status (Required)                                                    | \$8.75 Additional Fee Required                                      |
| 6. Election Campaign Financing                                                         | \$5.00 May Be Added to Fees                                         |
| 7. Trust Fund Contributor                                                              |                                                                     |
| 8. This corporation has liability to shareholders under S. 1324(1)(b) Florida Statutes | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|                              |                     |
|------------------------------|---------------------|
| 2. Principal Office Location | 2a. Mailing Address |
| 21                           | 26                  |
| 22                           | 27                  |
| 23                           | 28                  |
| 24                           | 29                  |
| 25                           | 30                  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, JANICE E  
3216 FLORAMAR TERR  
NEW PORT RICHEY FL 34652

|                                                        |           |
|--------------------------------------------------------|-----------|
| 81. Name                                               | 85. State |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL        |
| 83. City                                               |           |
| 84. Zip                                                |           |

11. I hereby certify that the information supplied with this filing is voluntarily furnished and drawn from publicly available sources and that the information is true and correct to the best of my knowledge and belief. I am a duly authorized officer or director of the corporation and I am authorized to execute this report as required by Chapter 217, Florida Statutes, and that my name appears in Block 1 of this form and is accompanied by an address.

(Signature)

|          |                     |                       |                          |         |
|----------|---------------------|-----------------------|--------------------------|---------|
| 12. Name | 13. Address         | 14. City              | 15. State                | 16. Zip |
| D        | THOMPSON, JANICE E. | 3216 FLORAMAR TERRACE | NEW PORT RICHEY FL       |         |
| D        | THOMPSON, PEYTON D. | 3216 FLORAMAR TERRACE | NEW PORT RICHEY FL       |         |
| D        | LEDERER, KAREN      | 5521 SILVER SPUR DR.  | HOLIDAY FL               |         |
| D        | THOMPSON, LEROY C.  | 4030 FLORAMAR TERRACE | NEW PORT RICHEY FL 34652 |         |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and drawn from publicly available sources and that the information is true and correct to the best of my knowledge and belief. I am a duly authorized officer or director of the corporation and I am authorized to execute this report as required by Chapter 217, Florida Statutes, and that my name appears in Block 1 of this form and is accompanied by an address.

SIGNATURE:

*Janice E. Thompson*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Janice E. Thompson

4/27/95

812-24-0421