ANUAL REPORT     Secretary of State     DIMISION OF CORPORATIONS     DOCUMENT # V04771 (4)     BARTLETT PHOTOGRAPHICS, INC.     Hinder Address     Many Address     Secretary of State     DIMISION OF CORPORATIONS     DOCUMENT # V04771 (4)     BARTLETT PHOTOGRAPHICS, INC.     Secretary of State     Secretary of State     Secretary of State     Secretary of State     DIMISION OF CORPORATIONS     DIMISION OF CORPORATIONS     Secretary of State     Secret	COR	PROFIT RPORATIO			FLORIDA DEPA Sandra	RTMENT ( B. Morthar						
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SURE 112       SURE 112       SURE 112       3. Date incorported or Qualitied       3e. Date of Leaf Report         OPALADD FL 32005       28. Mainy Address       4. FEI Number       55.00 Mpl       Moreleaf FL         State       29.       State       5.00 Apr. 4, etc.	rincipal Place	of Business		M;	ailing Address							
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Image: state         Suite, Apt. #, etc.		ace of Busines	s	28,				01/06/1			5/01/19	995
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Zp       Country       Zp       Country       B. This corporation has lability for intanable tax unders is 199.002, Produs Statutes         g. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         BARTLETT, THOMAS N. 4823 BERRYWOOD ORLANDO FL 32812       51 Image and Address of New Registered Agent       10. Name and Address of New Registered Agent         11. Pursuant to the provisions of Soctions 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changenge the registered or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In fereby accept the adquisition of soction of 0,0500, Florida Statutes.         SIGNUTUEE       Soction 607,0502 and 607,0502 and 607,0502 and 607,0503, Florida Statutes.       13. Addition of adjustere agent to engistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In fereby accept the adjustere agent to engistered agent, or both, and adjuster agent agent agents insue of space agent agent agents insue of space agent agent agents insue of space agent agent. In adjuster insue of space agent agent agents insue agent insue of space agent. In adjuster insue of space agent agent agents insue agent agents insue agent agents insue agent. In adjuster insue agent agent agent agent in adjuster insue agent agent agent in a display insue agent agent. In adjuster insue agent agent agent in adjuster insue agent agent agent agent in adjuster insue agent. In adjuster insue agent agent agent in adjuster insue agent agent agent agent in adjustere insue agent. In adjustere insue agent agent agent	]	> 		28	City & State							
	Zip	2!	· ·		Zip		ntry	8. This corporation	on has liability for in			
BARTLETT, THOMAS N. 4223 BERRYWOOD ORLANDO FL 32812       8         B4       City       FL       85         B4       City       FL       85       20 Code         B4       D       City       Forda Statutes.       10 File Represent Agent sequel were were were were were were were we	L		-		tered Agent		Ad Nome	L			gent	
4823 BERRYWOOD ORLANDO FL 32812       reference of 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 or registered agent, or both, the State of the florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered familiar with, and accept the obligations of. Section 607.0508. Florida Statutes.         IGNATURE       Base of the obligations of Sections 007.0508. Florida Statutes.         ISINATURE       OFFICERS AND DIRECTORS         2.       OFFICERS AND DIRECTORS         18.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 AAME         2.       OFFICERS AND DIRECTORS         19.       BARTLETT, VIRGINIA S. 4823 BERRYWOOD         11. TILE       Deleter         12. AAME       DELETE         13. SINEET ADDRESS         14. Coress       Deleter         15. SIZe       ORLANDO FL         14. Coress       Deleter         15. SIZe       ORLANDO FL         14. Coress       Deleter         15. SIZe       ORLANDO FL         14. Coress       Deleter         15. Zep       ORLANDO FL         14. Coress       Deleter         15. Zep       ORLANDO FL         14. Coress       S3 SIRET ADDRESS         15. Zep <th>BARTLI</th> <th>ETT. THOMA</th> <th>S N.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>- Mat Accontabl</th> <th></th> <th></th> <th></th>	BARTLI	ETT. THOMA	S N.						- Mat Accontabl			
B4         City         FL         B5         Zp Code           1. Pursuant to the provisions of Sections 607.0602 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the colgations of, Section 607.0502, Florida Statutes.           IGMATURE						1	02 SUBBING	JORESS (M.O. DUA MULTIOU	IS NOT ACCOPTAGE	e)		
Pursuant to the provisions of Sections 607.0502 and 607.1508. Foirida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, up of the appointment agent of agent of the appointment agent agent. Its analian with, and accept the obligations of Section 607.0505, foirida Statutes.       GNATURE      Guarding to post-of agent of ag						ł						
Considered agent, of both, if the state of Plonda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. La familiar with and accept the obligations of Sectors 60700506, Plonda Statutes.  INGNATURE Sector for Society for S												
Internal Will, and accept the obligations of registered agent and set agent ag	ORLAN	100 FL 3281	2				84 City			FL	1 · · ·	
2.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           ILLE         D         DELETE         1.1 TITLE         Change         Addi           AMF         BARTLETT, VIRGINIA S.         1.2 NAME         1.2 NAME         Change         Addi           INF. St. ZIP         ORLANDO FL         1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP         Change         Addi           INF. St. ZIP         ORLANDO FL         1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP         Change         Addi           INF. St. ZIP         ORLANDO FL         1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP         Change         Addi           INF. ST. ZIP         ORLANDO FL         1.4 CITY-ST-ZIP         1.4 CI	ORLAN	to the provisioned agent, or bo	2 s of Sections 607.05	orida. Such	i change was authorize	s, the above	84 City	xoration submits this state	ament for the purp	FL pose of changing		
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6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 4. 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	ORLAN  1. Pursuant to or registere familiar with  IGNATURE 2.  1LE AMF IREE1 ADDRESS IY-ST-ZIP ILE AME IREE1 ADDRESS IY-ST-ZIP IREE1 ADDRESS IY-ST-ZIP IREE1 ADDRES IY-ST-	DO FL 3281 to the provisions ed agent, or bo th, and accept of Signature typed or p D BARTLET 4823 BE ORLAND D BARTLET 4823 BE	2 s of Sections 607.05 oth, in the State of Fi the obligations of, Se orntad name of registered ag OFFICERS A TT, VIRGINIA S. RRYWOOD KO FL TT, THOMAS N. RRYWOOD	ection 607.0	Change Was authorize OSO5, Florida Statutes.  Indicable INOT TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E: Registered / 13. 1.1 TIT 1.2 NAM 1.3 STR 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STR 2.4 CIT 3.3 STR 3.4 CIT 4.2 NAM 4.3 STR 4.4 CIT 5.1 TIT 5.2 NAM 5.3 STR 5.4 CIT 6.1 TIT 6.2 NAM	B4     City       ve-named corporation's boorporation's boorporatis's boorporatis's's's's's's's's's's's's's's's's's's'	Oard of directors. Thereby	y accept the appo		iging its re egistered DIRECTOF Change Change Change Change Change	egistered offica agent: 1 am RS IN 12 Addition Addition
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 uncoath; 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	ORLAN  1. Pursuant to or registere familiar with  IGNATURE 2.  1LE AMF IREELADDRESS IY-SI-ZIP ILE AME IREELADDRES IY-SI-ZIP ILE AME IREELADDRES IY-SI-ZIP ILE AME IREELADRES IY-SI-ZIP ILE AME IREELADRES IY-SI-ZIP I	NDO FL 3281	2 s of Sections 607.05 oth, in the State of Fli the obligations of, Se printed name of registered ag OFFICERS A TT, VIRGINIA S. RRYWOOD IO FL TT, THOMAS N. RRYWOOD IO FL	d with this 1		<ul> <li>Ite: Registered /</li> <li>13.</li> <li>1.111</li> <li>1.2 NAM</li> <li>1.3 STR</li> <li>1.4 CIT</li> <li>2.111</li> <li>2.2 NAM</li> <li>2.3 STR</li> <li>2.4 CIT</li> <li>3.111</li> <li>3.2 NAM</li> <li>3.3 STF</li> <li>3.4 CIT</li> <li>4.1 TIT</li> <li>4.2 NAM</li> <li>4.3 STR</li> <li>4.4 CIT</li> <li>5.1 TIT</li> <li>5.2 NAM</li> <li>5.3 STR</li> <li>6.1 TITE</li> <li>6.2 NAM</li> <li>6.3 STR</li> <li>6.4 CIT</li> </ul>	B4     City       ve-named corporation's bo       Agent signature read       TILE       ME       REET ADDRESS       Y-ST-ZIP       TLE       ME       REET ADDRESS       Y-ST-ZIP       TE       ME       REET ADDRESS       Y-ST-ZIP	Card of directors. I hereby	ANGES TO OFFIC		Change	egistered office agent. I am RS IN 12 Addition Addition