FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUÂL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21, 1999 8:00am

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V13860

	1999		ORPORATIONS	Secretary	of State
DOCU 1. Corporation	MENT # V13860)		01-21-1999 90074 03	
PHOTO	GRAPHY BY LOLO, INC.				
Principal Plac	ce of Business	Mailing Address		1 1881 [1180 1400 1418 1040 6411 6411 6411	0.01 0.01 0.01 0.01 0.01 0.01
103 NEPTUNE CT. PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL		12082			
	92,101,12 32332		A COL	DO NOT WRITE IN TH	IS SPACE
			-	3. Date incorporated or Qualifed 02/12/1992	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3108187	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	te ·	27 City & State		6. Station Compaign State in	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	OZYes □No
	9. Name and Address of Curre	nt Registered Agent	-	10. Name and Address of New Registere	d Agent
ELDI	DIDGE LOLO C		81 Name		
ELDRIDGE, LOLO C. 103 NEPTUNE CT.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PONTE VEDRA BEACH FL 32082			83 /		· · · · · · · · · · · · · · · · · · ·
, 011	112 120101 021011 12 02002		03		•
			84 City		85 Zip Code
44 Purcuant	to the provisions of Sections 607 05	12 and 607 1508. Florida Statutor	s the show named corr	Constinue submits this statement for the surness.	of changing its registered
office or r agent. I a	registered agent, or both, in the State um familiar with, and accept the obligi	of Florida, Such change was aut ations of, Section 607.0505, Floridations	thorized by the corporation of t	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age				
			Registered Agent signature require		NID DIDECTORS IN 48
	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	OFFICERS AI		13. 1.1 TITLE		AND DIRECTORS IN 12
TITLE NAME	OFFICERS AIDP ELDRIDGE, LOLO C.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		
TITLE NAME STREET ADDRESS	OFFICERS AIDP ELDRIDGE, LOLO C. 103 NEPTUNE CT.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
TITLE NAME	OFFICERS AIDP ELDRIDGE, LOLO C. 103 NEPTUNE CT. PONTE VEDRA BCH. FL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AIDP ELDRIDGE, LOLO C. 103 NEPTUNE CT. PONTE VEDRA BCH. FL DST ELDRIDGE, RICHARD A.	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
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SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered.