

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V23496 (5)

1. Corporation Name

DAVID HALL PHOTOGRAPHER, INC.

Principal Place of Business

**8716 COBBLESTONE DRIVE
TAMPA FL 33615**

Mailing Address

**8716 COBBLESTONE DRIVE
TAMPA FL 33615**

**APPROVED
AND
FILED**

95 APR 25 AM 9:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/01/1992		3a. Date of Last Report 02/14/1994	
4. FEI Number 59-3112722		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	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent HINES, JAMES P. 315 SOUTH HYDE PARK AVENUE TAMPA FL		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME HALL, DAVID	1.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 8716 COBBLESTONE DRIVE		1.2 NAME	
CITY-ST-ZIP TAMPA FL		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE DST	NAME GILLIS, PATRICIA A.	2.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 8716 COBBLESTONE DRIVE		2.2 NAME	
CITY-ST-ZIP TAMPA FL		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE ☐ Change ☐ Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE ☐ Change ☐ 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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Gillis* **PATRICIA A. GILLIS** **4/2/95** **813-885-4578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SEC. - TREAS.